

PLEASE MAIL, FAX, OR DELIVER IN PERSON TO:  
 The School of the Art Institute of Chicago  
 Registration and Records  
 36 South Wabash Avenue, suite 1210, Chicago, IL 60603  
 Email: saic.registrar@saic.edu  
 Phone: 312.629.6700 Fax: 312.629.6701

Term: Summer 2015

**ABANDONED PRACTICES INSTITUTE in Prague 2015**  
 Adult Continuing Education Registration Form

E-Mail (required) \_\_\_\_\_ ID# (if returning) \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Gender:  Male  Female

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country of legal residency \_\_\_\_\_

Art Institute of Chicago Member?  YES  NO Membership ID# \_\_\_\_\_ Exp. date \_\_\_\_\_

An SAIC alumnus/alumna?  YES  NO Alumni ID# \_\_\_\_\_  Copy of SAIC Alumni ID card attached.

Art Therapy field work or Art Education student teacher supervisor?  Remission card attached.

Course:

<p>ABANDONED PRACTICES INSTITUTE in Prague 2015</p> <p>Tuition Amount _____</p> <p>Program Fee (not including housing): _____</p> <p>Program Housing (multiple-share rooms): _____  <small>Available only if full payment and registration is completed by May 1</small></p>	<p><input type="checkbox"/> CREDIT: \$4,143</p> <p><input type="checkbox"/> NON - CREDIT: \$1,680</p> <p><input type="checkbox"/> NON - CREDIT, Art Institute of Chicago Members: \$1,512</p> <p><input type="checkbox"/> NON - CREDIT, SAIC Alumni: \$1,260</p> <p><input checked="" type="checkbox"/> \$1,650</p> <p><input type="checkbox"/> YES (optional) \$450</p> <p><input type="checkbox"/> NO After May 31st, applicants may contact the hostel directly to arrange accommodation or find it elsewhere.</p>
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**PLEASE READ:** Registration for non-SAIC students.

In order to receive your Student ID and register for the course, you must:

- Submit this form to the Registrar and pay tuition and program fees in-full.
- Follow instructions sent via email from the Registrar in order to complete the registration process

See [www.abandonedpractices.org](http://www.abandonedpractices.org)

X \_\_\_\_\_  
 Signature REQUIRED

For Office Use Only:

Fax \_\_\_\_\_ Mail \_\_\_\_\_ In-Person \_\_\_\_\_ ID# \_\_\_\_\_

PS Reg \_\_\_\_\_ Confirm Payment Method:  Check  Money Order  Credit Card (make payment online)  Remission

**Total Due:**

Calculate from Previous Page

**Note:** Payment is due at the time of registration.

Payment:  Check - payable to SAIC  Credit Card  Money Order - payable to SAIC

FOR OFFICE USE ONLY:

ID # \_\_\_\_\_

Date Registered \_\_\_\_\_ Initials \_\_\_\_\_

Tuition Remission:  Yes  No

## CREDIT CARD INFORMATION

Student Name \_\_\_\_\_ ID # (if returning) \_\_\_\_\_ Term \_\_\_\_\_

Cardholder's Name (as it appears on card) \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ EMAIL \_\_\_\_\_

Card Type:  American Express  Discover  MasterCard  Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Amount (equal to Total Due above): \_\_\_\_\_

FOR OFFICE USE ONLY:

ID # \_\_\_\_\_ Process Date \_\_\_\_\_ Approval Code \_\_\_\_\_ Cashier's Name \_\_\_\_\_

Refund Date \_\_\_\_\_ Refund Amount \_\_\_\_\_ Refund Approval Code \_\_\_\_\_