

The Campbell Center

Historic Preservation Studies

203 Seminary Street, Mt Carroll, IL 61053 Phone: 815/244-1173, Fax: 815/244-1619

www.campbellcenter.org

NOTE: Submit a registration form for each course. Photocopy this form as necessary or download and print it from the website. Please print legibly and sign where indicated. Complete and mail or fax to The Campbell Center office.

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone Day _____ Evening _____ Email _____

Institution _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Course Title _____

For Dorm Assignment Female Male Course Date(s) _____

Course Fee \$ _____ Materials Fee \$ _____ Total Fees \$ _____

Scholarship Requested * _____ Scholarship Amount \$ _____

Scholarship Approved by _____ Date _____

*All scholarships are subject to completed application and approval.

Certificate Program Participant: Yes No \$25 Annual Certificate Fee - Date Paid _____

Friends Member: Yes No \$100 Annual Friends Fee - Date Paid _____ AIC Member: Yes No

PAYMENT METHODS: Course fees can be paid by personal, business checks or bank drafts (drawn on US banks only), money order or credit card. Registrations received by fax must be paid by credit card.

VISA MASTERCARD (complete information below) Check/M.O. Check Number _____

Card Number _____ Exp.Date _____ Amount _____

Signature/Name on Card _____ Date: _____

Please briefly describe your institution and collections (attach additional pages if necessary)

Professional/Education Data (or attach your resumé)

Institution _____ Title _____

I grant permission to Campbell Center to use photos taken of me in class for marketing or promotional use. Yes No

I certify that the statements made above are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____