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AP* SUMMER INSTITUTE FOR THE ARTS

teachers as artists

COLUMBIA COLLEGE CHICAGO, ILLINOIS

A NATIONAL SITE FOR AP® PROFESSIONAL DEVELOPMENT IN THE ARTS

REGISTRATION FORM

Please write legibly.

JULY 20–24, 2009

PARTICIPANT INFORMATION

FULL NAME

HOME ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL ADDRESS (ACTIVE DURING THE SUMMER)

BIRTH DATE

GENDER

M

F

SCHOOL INFORMATION

SCHOOL NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

TEACHING BACKGROUND

HOW LONG HAVE YOU TAUGHT AP*?

NEVER

LESS THAN 3 YEARS

MORE THAN 3 YEARS

WHAT AP* COURSES HAVE YOU TAUGHT?

STUDIO ART

MUSIC THEORY

ART HISTORY

OTHER _____

EMERGENCY CONTACT INFORMATION

FULL NAME

RELATIONSHIP

PHONE NUMBER

COURSE SELECTION*Please check only one (1) course.*

- MUSIC THEORY
- ART HISTORY BEGINNING
- ART HISTORY EXPERIENCED
- STUDIO ART: DRAWING/2-D DESIGN PORTFOLIOS
- STUDIO ART: DRAWING/2-D DESIGN/3-D DESIGN PORTFOLIOS

 I WISH TO TAKE THIS COURSE FOR GRADUATE CREDIT**TUITION**

Tuition includes 30 hours of instruction, College Board AP Exam Resources and Program Information workbook, additional handouts, art supplies, artist lecture, and receptions. Meals and housing are not included. Participants must attend all 30 hours to receive a certificate of completion. Offerings may be taken for graduate credit at a higher tuition rate.

\$675 Non-credit Certificate**\$1266** Graduate Credit (2 credit hours)**HOUSING**

Housing reservations are made directly through the University Center Chicago.

For more information, and a reservation form visit: www.colum.edu/apsi.

PHOTOGRAPHY RELEASE

Columbia College Chicago will occasionally assign a photographer to take photographs of AP* Summer Institute Participants in various activities for promotional purposes. Some of these photos will be used in Columbia College Chicago marketing materials or brochures. If you do not wish yourself to be photographed, please step out of the photo or notify the photographer before the photo is taken.

PAYMENT

Registration is not complete until payment has been received in full.

FOR QUESTIONS REGARDING REGISTRATION

Please call (312) 369-7421 or email apsi@colum.edu.

TOTAL PAYMENT: \$ **CHECK ENCLOSED, PAYABLE TO COLUMBIA COLLEGE CHICAGO**
 VISA
 MASTERCARD
 DISCOVER
 AMERICAN EXPRESS

NAME ON CARD (PLEASE PRINT)

BILLING ADDRESS

CARD NUMBER

EXPIRATION DATE

AUTHORIZED SIGNATURE

REGISTRANTS PAYING BY CREDIT CARD MAY FAX THEIR REGISTRATION TO (312) 369-8460.

 SCHOOL/DISTRICT WILL SUBMIT PAYMENT DIRECTLY

PLEASE NOTE: In the event that payment is not received from School/District, participants are ultimately responsible for tuition charges.

NAME OF SCHOOL/DISTRICT

ADDRESS

CONTACT NAME

PHONE NUMBER

FAX NUMBER

 PLEASE FAX MY SCHOOL/DISTRICT AN INVOICE.

Complete the registration form and mail with payment to:

AP* Summer Institute for the Arts
 Columbia College Chicago
 C/o Academic Initiatives and International Programs
 600 South Michigan Ave Suite 914
 Chicago IL 60605-1996

FOR OFFICE USE ONLY:

RECEIVED:

REG:

BURSAR:

CONFIRM:

PACKET: