

CLASS REGISTRATION FORM

- **Mail** registration form & payment to: NW Film Center School of Film, Attn: Registrar, 1219 SW Park Avenue, Portland, OR 97205.
- **Call** with credit card in hand Mon-Fri, 9 AM-5 PM (503) 221-1156.
- **Fax** registration form with credit card information to (503) 294-0874.
- **Walk in** to School of Film offices, 934 SW Salmon, during business hours. An advance appointment is highly recommended (503) 221-1156.

LAST NAME FIRST

ADDRESS

CITY/STATE ZIP

PHONE (DAY) (EVENING)

BIRTH DATE

E-MAIL GENDER

KIDS + TEENS - PLEASE ALSO PROVIDE THE FOLLOWING

SCHOOL/GRADE

PARENT NAME

PARENT ADDRESS (IF DIFFERENT)

CONTACT IN EMERGENCY (OTHER THAN ABOVE)

SPECIAL NEEDS OR CONCERNS

CLASS INFORMATION

CLASS NAME SECTION TUITION \$

LAB FEE \$

(OPTIONAL) CREDIT FEE \$

CLASS NAME SECTION TUITION \$

LAB FEE \$

(OPTIONAL) CREDIT FEE \$

PAYMENT INFORMATION

___ CASH ___ CHECK ___ VISA ___ MC ___ AMEX

CREDIT CARD NUMBER EXPIRATION DATE CVC CODE

SIGNATURE DATE

EMPLOYER NAME (IF PAYING TUITION) DATE

If class is full, do you wish to be put on the waiting list? ___ YES ___ NO

Are you a first time student? ___ YES ___ NO

Are you transferring credit to another institution? ___ YES ___ NO -If so, where? _____

Are you a Portland Art Museum Member? ___ YES ___ NO

How did you hear about the class?

Portland Art Museum Friend NW Film Center Print Calendar Mercury www.nwfilm.org Willamette Week

Other _____