

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

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 _____