Website

Registration Form: artScape Chicago

Term: F W Sp Su Year: 20 __ College: HWC

First Name

Last Name

Street Address

City

Daytime Phone

Evening or Cell Phone

State

Zip

Email Address

Is this your first artScape Chicago class?

- [ ] Yes
- [ ] No

How did you hear about the program?

- [ ] Other website: _____
- [ ] Referral by: _____
- [ ] Picked up brochure from: _____
- [ ] Other: _____

Payment Infromation:

- [ ] Check
- [ ] Money Order
- [ ] Visa
- [ ] Mastercard

Please make Checks & Money Orders Payable to: Harold Washington College

Credit Card Information

Card number

Exp. Date (month / year)

print card holder's name (if different from above)

Card holders signature

Please, fill in the course you would like to register for.

Course Title	Fee	Discount	Amount

Mail form to:

artScape Chicago
66 E. Randolph St.
Chicago, IL 60601

Fax with payment Info:
312.744.9249