

# MAIL OR FAX THIS SUMMER 2008 REGISTRATION FORM



How To Register : You may register for summer classes by completing and printing this registration form and mailing or faxing the completed form with payment to:

## PAAM

Attn: Museum School  
Provincetown Art Association and Museum.  
460 Commercial Street, Provincetown, MA 02657  
508 487 1750

FAX: your registration information to: 508 487 4372

All major credit cards and checks made payable to PAAM are accepted.

Name

Billing Address

City  State  Zip

Phone  Cell

Emergency Contact & Phone #

email

Are you currently a Member of PAAM? YES NO If not, How did you find out about us?

PAAM Website Friend Print Ad Radio Newsletter Other:

Classes You Are Registering For and Dates :

Instructor's Name  Date  Cost

Instructor's Name  Date  Cost

Instructor's Name  Date  Cost

Instructor's Name  Date  Cost

Names/Ages of Participating Children if Applicable :

Payment Information :

I will pay in full in the amount of  for the courses selected above.

I will pay a 50% deposit for the amount of  to secure my registration. Balance is due 30 days before the start of the workshop date. Deposits are non-refundable after May 5, 2008. Full tuition is non-refundable 30 days or less before the start of the workshop date.

I wish to establish a new membership to PAAM, and receive a discount on the course tuition.

I wish to renew my membership to PAAM, and receive a discount on the course tuition.

Indicate the level of membership you would like to establish:

Individual: \$50

Dual \$85

Family \$100

Non-profit \$100

Business \$250

Terms of Membership Discount:

A 5% discount is given on all summer classes for individual members. Dual membership entitles you to a 5% discount for you and one additional individual who resides in your home. Family

membership includes children. PAAM Membership must be confirmed when registering, and current during classes to receive discount.

I will pay by :     Visa     Mastercard     Discover ,     American Express

Cardholder name

Please fill this out carefully- numbers only, no dashes.

Card #  Expiration Date: Month  Year

please charge my account in the amount of  , my outstanding balance is  or:

Check or Money Order Payment - I have sent a check , #  in the amount of  to PAAM

Please provide additional contact info: summer address & months you reside there as well as any additional information that we need to know to help insure your successful participation in these programs

- Thank you for your registration.