

FALL 2009 REGISTRATION FORM

CONTACT INFORMATION

First Name: _____ Middle Initial _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Preferred Email: _____ Date of Birth: _____

(please print clearly)

AIA Membership Number _____

(for AIA learning credits)

If you are currently enrolled in a BAC certificate program, please check:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Advanced Rendering | <input type="checkbox"/> Design Computing | <input type="checkbox"/> Planting Design | <input type="checkbox"/> Landscape Institute |
| <input type="checkbox"/> AutoCAD | <input type="checkbox"/> Design Education | <input type="checkbox"/> Residential Interiors | Have you previously taken courses
at the Landscape Institute?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> CAD | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Sustainable Design | |
| <input type="checkbox"/> Decorative Arts | <input type="checkbox"/> Kitchen & Bath Design | | |

REGISTRATION INFORMATION I wish to register for the following courses:

COURSE #	SECTION	COURSE NAME	please check one	DAY AND TIME	please check one	TUITION
			<input type="checkbox"/> First Half <input type="checkbox"/> Second Half <input type="checkbox"/> Full Semester		<input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit	
			<input type="checkbox"/> First Half <input type="checkbox"/> Second Half <input type="checkbox"/> Full Semester		<input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit	
			<input type="checkbox"/> First Half <input type="checkbox"/> Second Half <input type="checkbox"/> Full Semester		<input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit	
Discount (if applicable)						
Total						

The BAC reserves the right to cancel a class due to insufficient enrollment. If you are enrolled in a class that is cancelled, you will be notified as soon as possible and be given the option of taking another class or receiving a full refund.

I have read the information in this catalog regarding policies, registration, fees, and refunds, and I have fulfilled the necessary prerequisites to enroll in the courses I have signed up for:

Signature _____ Date _____

Form of Payment (please circle one): Cash/Money Order Check Visa Mastercard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Name of Cardholder: _____ Signature of Cardholder: _____

OFFICE USE ONLY

Mc/Visa/Amex/Discover Accept Code Ap#	Cash/Money Order/Check Receipt #
Adinq	Stumas Tuition Assessed
Enrollment	Billing Late Fee Discount
Other	Total

Mail or fax form to: Boston Architectural College
Attention: Continuing Education
320 Newbury Street, Boston, MA 02115

fax (617) 585-0121 (if paying by credit card)
phone (617) 585-0101
email ce@the-bac.edu
web www.the-bac.edu/ce

