

CONTINUING STUDIES

Registration Deadline: Friday, March 30, 2018

To register, download this document and complete the *Stop Making Sense: Building Creative Confidence* registration form. Return it by email to **cs@saic.edu**, accompanied by the following:

- Payment in full
 - o To pay by credit card, complete the Credit Card Information sheet
 - o If your employer or a government/outside agency has made special arrangements to cover the cost of the program, complete the Tuition Repayment Form
- Current résumé or CV

If you have questions, please call 312-899-5151 or email cs@saic.edu.

Note: The \$1,650 program fee includes Friday dinner, Saturday lunch and dinner, and Sunday brunch. It does not include accommodations. For a list of options in close proximity to the school and museum ranging in price and style, please visit saic.edu/admissions/visit/wheretostay.

All Stop Making Sense: Building Creative Confidence participants will receive an ARTICard, the identification card for SAIC students, faculty, and staff. It provides access to campus buildings and the Art Institute of Chicago museum, and must be carried at all times. In order to have your ARTICard ready when you arrive, the ARTICard office requires a photo and signed contract. For more information, visit saic.edu/articard.



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PARTICIPANT INFORMAT		Preferred name
.ast name	First name	Preferred name
Street address		Apartment
City	State	Zip code
Mobile phone	Home phone	Work phone
Primary email	Work email	Date of birth
Employer	Job ti	tle
EMERGENCY CONTACT IN	NFORMATION	
Last name	First name	Relationship to participant
Email address	Phone	Phone type: O Mobile O Home O Work
OPTIONAL		
Gender: O Female O Ma	ale	
Do you consider yourself	f to be Latino/Hispanic? O Yes O	No
	more of the following racial category	ories to describe vourself
In addition, select one or	more of the following racial categor	ones to describe yourself.

OPEN RESPONSE QUESTIONS
Why are you interested in participating in Stop Making Sense: Building Creative Confidence?
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What specific areas of your professional life do you feel would benefit from increased creative
What specific areas of your professional life do you feel would benefit from increased creative confidence, and why?
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PAYMENT

The program fee of \$1,650 includes Friday dinner, Saturday lunch and dinner, and Sunday brunch; accommodations are not included. Payment is due in full at the time of registration.

Continuing Studies accepts checks, credit cards (American Express, Discover, MasterCard, and VISA), and money orders. If paying by check or money order, please make payable to SAIC and include the student's name, program (*Stop Making Sense: Building Creative Confidence*), and term (spring 2018).

Credit card payments should be accompanied by a completed Credit Card Information sheet. Students that wish to arrange for third party billing should complete and return the attached Tuition Repayment Agreement.

REFUND POLICY

Stop Making Sense: Building Creative Confidence withdrawal requests must be made in writing to cs@saic.edu and include the student's name and program. The date the request is received in writing is the date used to calculate the refund amount.

- 100 percent refund two weeks prior to the start of the program: Friday, April 6, 2018.
- No refunds will be issued after Friday, April 6, 2018.

CONTINUING STUDIES ACKNOWLEDGEMENT + AGREEMENT

- The information reported on this registration form is true and accurate to the best of my knowledge.
- I understand that I am financially responsible for program fees and that I have read and understood the Payment and Refund Policy sections above.
- I give SAIC permission to obtain emergency medical care, hospital, or clinic treatment for me. I hereby waive liability against SAIC for such care and for transportation to such locations as deemed necessary by SAIC.
- I have read and agree to abide by the *Rights and Responsibilities for ACE, APSI, and TIME Students* available online at saic.edu/ace > Forms and Downloads.

By signing below, I agree to the above.	
Signature	Date



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CREDIT CARD INFORMATION				
Participant last name		Participant first name		
Student ID # (if returning)		Term		
		Spring 2018		
BILLING ADDRESS				
Cardholder's name (as it appears o	on card)			
Street address			Apartm	ent
City	State		Zip cod	le
Phone		Email address		
CARD TYPE				
Card type: O American Express	Discover O Masi	terCard O VISA		
Credit card number		Expiration date		Security code
Total amount due:		<u>L</u>		<u> </u>
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THIRD PARTY BILLING AND SPONSORED STUDENTS

Third party billing is when a company or government/outside agency has established special billing arrangements to cover tuition and/or fees for students that it sponsors. Continuing Studies must receive an authorization from the sponsoring agency before third party billing can be processed. All billing authorizations – which may be a letter, purchase order, or voucher – must be on official agency letterhead and signed by an officer of the organization.

Payment by the sponsor must be made directly to the Continuing Studies; agreements where payments are sent to the student cannot be honored. All authorizations must include the term that the authorization is in effect. Continuing Studies cannot accommodate any restrictions or contingencies on the authorization. For instance, if the agency requires transcript information before payment, Continuing Studies cannot authorize third party billing.

All sponsored students are required to complete a Tuition Repayment Agreement (promissory note) in order to be registered for the class and to initiate third party billing. In the event of non-payment or partial payment by the third party agency, the student will be charged for the unpaid amount. Third parties are invoiced after the class is confirmed to run. Payments must be made within 30 days of billing. If payment is not received within 30 days, the agency and the student will be notified, and the student will be billed for the unpaid amount as authorized on the Tuition Repayment Agreement. Any charges that are not paid by the sponsor are billed to the student.



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TUITION REPAYMENT AGREE	MENT			
Student ID	Last name	First name		
Address	City	State	Zip	
Mobile phone	Work phone	Email address		
the School of the Art Institute for listed on the reverse side of this following credit card.	Repayment Agreement, and intender the above courses if payment is sheet within 30 days of billing. To a Discover O MasterCard O	s not received fro The amount is to I	om the third party	
Cardholder's name (as it appear	rs on card)			
Billing address	City	State	Zip	
Phone	Email address			
Credit card number			Expiration date	
 All School privileges and I will not be permitted t 	ot and by my signature accept ful ilure to pay my debt to the School d services will be suspended. o register for any courses in subs	ol will result in the	e following:	
	ther official School documents w	iii not be released	J.	
My account will be reference.	rea to Collections.			
Student signature			Date	



Stop Making Sense: Building Creative Confidence

Friday, April 20-Sunday, April 22, 2018

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TUITION REPAYMENT AGREEMENT				
Third party				
Contact last name	Contact first name	Title		
Billing address	City	State	Zip	
Phone	Email address			

Note: The completed Tuition Repayment Agreement must be accompanied by a letter, purchase order, or voucher on official agency letterhead and signed by an officer of the organization in order for the student to be registered for the class and to initiate third party billing.