



Continuing Education Registration Form

Full Name_____

Address_____

City_____ State_____ ZIP_____

Email Address_____ Cell Phone_____

Home Phone_____ Work Phone_____

Courses: Adult____ Teen____ Youth____

Course Number_____ Course Title_____ Tuition_____

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\$25.00 off for Montserrat Alumni or/ for Senior Citizen age 62 Discount_____

Total Tuition_____

Payment in Full is required to Register

Please Indicate Form of Payment

Check made payable to: Montserrat College of Art

Charge to: Visa MasterCard American Express

Account number_____ 3 Digit Security Code on Back of card_____

Name on Card_____ Expiration Date_____

I have read and understand the rules regarding registration, fees and refunds.

Signature of Applicant _____ Date_____

Have you previously attended our Continuing Educations program? Yes No

How did you hear about us?

Mail to: Montserrat College of Art, Continuing Education Department, 23 Essex Street, Beverly, MA 01915 Tel:978.921.4242, x1180 Fax:978.922.4268 E-mail:ce@montserrat.edu

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