ITALIDEA

At the Italian Cultural Institute of Chicago

500 N. Michigan Ave. Suite 1405
Chicago, IL 60611-3767

Special Courses Registration Form
Visa/MasterCard/Discover ACCEPTED BY PHONE
Tel.: (312) 832-4053- Fax (312) 832-0442

Method of Payment: ☐ **Cash** ☐ **Check*** ☐ **Visa** ☐ **MasterCard**

Visa/MC Account # | | | | | | | | | | | | | | | | |

Expiration date ____/____ **Printed Name on Credit Card** _____

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Date ____/____/____ **Tuition $330.00** ☐ **Tuition (15 hours) $240.00** ☐

*Checks payable to: ITALIDEA
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Name: _____

Address: _____

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Regular Course (title, day and time) _____

Alternative course :(incase the one you choose gets cancelled) _____

Signature:** _____

How did you hear about Italidea? _____

By signing the above registration form, I am accepting ITALIDEA **policies (registration, refunds, credits, confirmation of registration, and cancelation of classes, make up lessons, transferring, and placement tests) as stated on the website: ***http://www.italidea.org***