Registration Form

FOR NON-CREDIT COURSES
SEVENTH AVENUE AT 27 STREET, ROOM D130
NEW YORK CITY 10001-5992
FAX: 212 217.7176

Copies of this form may be made for additional registrants.
Payments for multiple registrants may not be combined.

☐ FALL ☐ WINTERIM ☐ SPRING ☐ SUMMER

DATE OF BIRTH GENDER ☐ MALE ☐ FEMALE

CATALOGUE RECIPIENTS: PLEASE PROVIDE THE CODE THAT APPEARS ON THE MAILING LABEL ABOVE YOUR NAME

STUDENT'S NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS EMAIL ADDRESS

CITY, STATE, ZIP

DAY PHONE (IMPORTANT, PLEASE INCLUDE) EVENING PHONE

PROFESSION (CHECK MOST APPROPRIATE)

☐ RETAIL ☐ MANUFACTURER ☐ TEXTILE ☐ OTHER FASHION-RELATED* ☐ NON-FASHION* ☐ ENTREPRENEUR ☐ GRAPHIC/WEB DESIGN

*IF NON-FASHION, PLEASE SPECIFY

FIRM NAME

ADDRESS CITY, STATE, ZIP

Course Registration

COURSE NUMBER	COURSE TITLE	SECTION	CRN	FEE
			+ SERVICE FEE	$5
			TOTAL	$

Credit Card Authorization Form

STUDENT'S NAME (LAST, FIRST, MIDDLE INITIAL)

STUDENT'S SOCIAL SECURITY NUMBER

☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA

CARDHOLDER'S NAME (AS IT APPEARS ON THE CARD)

ACCOUNT NUMBER CARD EXPIRATION DATE

AMOUNT TO BE CHARGED

AUTHORIZED SIGNATURE

FIT DOES NOT SEND REGISTRATION CONFIRMATIONS.
TO RECEIVE A FULL REFUND OR CREDIT, A NOTIFICATION OF 24 BUSINESS HOURS MINIMUM IS REQUIRED WHEN DROPPING A CLASS. BE SURE TO READ THE REFUND POLICY IN THIS CATALOGUE.