

# KCAI Educators Art Lab Workshop Registration Form

Call 816 802 3505 | Fax 816 802 3456

rkartman@kcai.edu

Kansas City Art Institute, Special Programs,  
4415 Warwick Blvd, Kansas City, MO 64111

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Former Name

\_\_\_\_\_  
SSN(required)

**Office Use Only**

Date Received \_\_\_\_\_

\_\_\_\_\_  
Address

Phone Confirmation \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dietary Preference \_\_\_\_\_

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
How did you hear about this program?

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

## Demographic Information *(This information is optional. We are required to request for government purposes.)*

White Non Hispanic

Hispanic

Black Non Hispanic

American Indian/Alaskan Native

Asian Pacific Islander

Other \_\_\_\_\_

US Citizen

Other Nationality

Male  Female

Single  Married

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Workshop Selection

\_\_\_\_\_  
\$25 Fee

\_\_\_\_\_  
Workshop Title

\_\_\_\_\_  
\$25 Fee

\_\_\_\_\_  
Workshop Title

A \$25 registration/commitment fee is required to enroll in these workshops. If you cannot attend you must cancel no less than seven business days before the workshop starts in order for your credit card not to be charged. Your attendance to the workshop automatically voids the charge. We will contact you before the workshop to confirm your enrollment and your dietary preference for the lunch provided.

## Credit Card only

Mastercard/Visa/AmEx (circle one) Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on Card \_\_\_\_\_ Amt. \_\_\_\_\_