

Application for Summer Learners

**Mail this form with payment in full
(US funds only, payable to JTS) to:**
 Summer Sessions, Box #65
 The Jewish Theological Seminary
 3080 Broadway
 New York, NY 10027-4649

Last Name	First Name	Middle Initial <input type="radio"/> Male <input type="radio"/> Female
Mailing Address		Sex
City	State	ZIP Code
Telephone		Cell Phone
Email Address		Date of Birth

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How did you hear about the JTS Summer Learners Session?
 Email announcement Web search Other: _____

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I plan to enroll in:

Course Number	Title	Session	Time	Cost
				\$525
				\$525
				\$525

Signature	Date
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Please make your check payable to **The Jewish Theological Seminary**. If you prefer to pay by credit card, your signature below gives us permission to charge your credit card for any balances owed. A 3% surcharge will be applied to credit card transactions to offset the charge imposed upon us by the credit card company.

Credit Card Type:
 VISA Mastercard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Name as it appears on Card: _____ Signature of Cardholder: _____