

**INTEGRATED MARKETING COMMUNICATION
FOR BEHAVIORAL RESULTS IN HEALTH AND SOCIAL DEVELOPMENT
SUMMER INSTITUTE: JULY 6-25, 2003**

APPLICATION FORM MUST BE FULLY COMPLETED (PLEASE PRINT CLEARLY)

Surname _____ Given Name _____

Gender: M ___ F ___ Date of Birth: (Mo.) ___ (Day) ___ (Year) ___ Country of Citizenship: _____

Complete Home Address: _____

_____ Country: _____

Complete Work Address: _____

_____ Country: _____

Home Telephone: _____ Work Telephone: _____

FAX: _____ E-mail: _____

Emergency Contact Information: Surname _____ Given Name _____

Relationship: _____ Telephone: (Home) _____ (Work) _____

Your Current position (please describe in full): _____

Sponsoring Agency: _____

Sponsoring Agency Address (if different from above): _____

Contact Person at Sponsoring Agency: _____

Telephone: _____ FAX: _____ E-mail: _____

HOUSING RESERVATION

- Yes, I require University Housing for the Institute (USD \$1050 for 3 weeks), **OR**
- Yes, I require University Housing for the Institute (USD \$1050), plus _____ extra weeks (\$350/week), **OR**
- No, I do not plan to stay on campus. I will be making separate arrangements.

Note: Housing must be confirmed with a deposit.

APPLICATION CHECKLIST: (Please indicate the enclosures you are sending and/or the information you require.)

- Completed & Signed Application Form, **AND**
- Check, Money Order, or Credit Card No. for Tuition, **OR**
- Check, Money Order or Credit Card No. for Tuition and Housing (circle one) 3, 4, or 5 weeks of accommodation, **OR**
- Please Invoice me for Tuition, **OR**
- Please Invoice me for Tuition and Housing for (circle one) 3, 4, or 5 weeks of accommodation, **OR**
- Please send me Wire-Transfer Information.

CREDIT CARD AUTHORIZATION (MasterCard, Visa, American Express, etc.)

Type of Credit Card: _____ Credit Card No.: _____

Expiration Date: _____ (Mo./Yr.) Name on Credit Card: _____ (If different than Applicants Name)

Amount Authorized: Tuition: \$ _____ Housing: \$ _____ Tuition and Housing: \$ _____

YOUR SIGNATURE: _____ **DATE:** _____

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Attn: Integrated Marketing Communications Institute
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