AIGA Business Perspectives for Creative Leaders
Yale School of Management
July 25–30, 2010
New Haven, Connecticut

AIGA

Attendee contact information

AIGA member account ID_____

First name_____

Last name_____

Title_____

Company (or school)_____

Address_____

_____

City_____

State_____Zip_____

Country_____

Daytime phone_____

Fax_____

Email_____

Chapter affiliation_____

Application procedure

This form should be accompanied by a 1–2 page letter outlining the level at which you have interacted within corporations (as internal or external clients) and a current resume or biographical summary. The selection decision will be made by a committee on a rolling basis.

AIGA membership application

I would like to become a member in the following category:

☐ **Professional $295:** An individual who has practiced or taught graphic design for more than two years, or who practices or teaches in an allied field

☐ **Group membership:** $730 for the first three members, and $245 for each additional member; download an application at www.aiga.org/join.

If you have questions, please call 212 710 3145 or email aiga_registrar@aiga.org.

Program fees and policies

(details available at www.aiga.org/business-perspectives)

Until March 31, 2010
☐ AIGA member $7,000 ☐ Nonmember $7,700

After March 31, 2010
☐ AIGA member $8,000 ☐ Nonmember $8,800

Group discount: A 10 percent group discount will be available to two or more people applying from the same company at the same time.

Cancellation policy: There will be no refunds for cancellations; since we have no flexibility in the number of attendees we must provide to justify Yale's investment in the curriculum development. Substitutions would be subject to approval according to the selection criteria for the program.

I need the following special services because of a disability:_____

Payment information

☐ Please process payment in full upon acceptance into the program.
☐ Please notify me of payment plan options available upon acceptance into program (typically one-third of total is due to reserve your place).

☐ Check enclosed, payable to AIGA
☐ Visa ☐ MasterCard ☐ American Express

Card no._____

Expiration date_____

Signature_____

Program fee $_____

Return this form with your check or credit card information to:

AIGA Registrar
164 Fifth Avenue
New York, NY 10010
Fax: 212 807 1799