

SCHOOL OF REPRESENTATIONAL ART



A classical art education in a modern world

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Workshop Registration Form

Name:

Past Student: (Y) _____ (N) _____ Date _____

Street Address:

City:

State, Zip Code:

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Course Name(s):

To enroll, please send payment by check to:

Bruno Surdo, Director
School of Representational Art
329 Kedzie Street
Evanston, IL 60602

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