

Please download the form to your computer. Fill out the form. Then you can save the data typed into this form. Email completed form as an attachment to guildschooligma@gmail.com.

FORM A

DUE MARCH 15

General Information and Room Assignment

Indicate how you would like your name to read on your name badge:

First Name _____

Last Name _____

My Guest's First and Last Name _____

Do you want your email address listed in the school program? ☐ Yes ☐ No

Are you a member of the International Guild of Miniature Artisans (IGMA)? *Please check one.*

☐ General Member ☐ Family Member ☐ Artisan ☐ Fellow ☐ Not a Member

How did you hear about the Guild School? *(for first-year students only, please check any that apply)*

friend magazine ad IGMA website Facebook Instagram Show IGMA mailing

Indicate any food preferences:

Instead of lobster at the Lobster Cookout, I would like for myself: ☐ veggie ☐ steak

Instead of lobster at the Lobster Cookout, my guest would like: ☐ veggie ☐ steak

☐ I am a vegetarian. ☐ My guest is a vegetarian.

Check ALL the following appropriate boxes for your rooming assignment:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> female | <input type="checkbox"/> male | <input type="checkbox"/> couple |
| <input type="checkbox"/> shared room (included in tuition) | <input type="checkbox"/> private/single room (extra cost) | <input type="checkbox"/> off-campus |
| <input type="checkbox"/> smoker | <input type="checkbox"/> non-smoker | |
| <input type="checkbox"/> Leavitt Hall room preferred, if available (extra cost) | | |
| <input type="checkbox"/> Graduate Apartment preferred, if available (extra cost) | | |
| <input type="checkbox"/> Handicapped parking required. You must have your permit with you at school. | | |
| <input type="checkbox"/> I will be a Guild School Buddy; put me with someone attending for the first time! | | |

Fill in this information, if applicable:

If you have a roommate preference, please indicate:

If you have a suitemate preference, please indicate:

If you require a room near an elevator, please indicate the medical reason for this request:

If you are rooming off-campus:

Where will you be staying? *(i.e., inn, rental)*

Choice of meal plan *(check any that apply)*:

- | | |
|--|---|
| <input type="checkbox"/> No meals on campus or pay per meal | <input type="checkbox"/> Opening Banquet |
| <input type="checkbox"/> Meal Plan A (all lunches and three dinners) | <input type="checkbox"/> Lobster Night Dinner (lobster, steak, or veggie) |
| <input type="checkbox"/> Meal Plan B (all lunches and all dinners) | <input type="checkbox"/> Graduation Banquet |