



Registration Request Form

Programs for Teachers

To apply, please complete this registration request form electronically and email as an attachment to: teachers@metmuseum.org.

Or print and mail with payment to:
The Metropolitan Museum of Art
Education—Youth Programs
Attn: Rebecca Ruderman/Teacher Programs
1000 Fifth Avenue
New York, NY 10028-0198

*This is a registration request **only**; written confirmation will be sent within two weeks of receiving this form.*

Incomplete request forms will not be processed.

Please submit one form per program and one payment per program.

TITLE OF PROGRAM: _____ Program date: _____

Name _____

Address (home) _____

City _____ State _____ Zip code _____

Telephone _____ Email _____

School _____ Grade level taught _____

School address _____

City _____ State _____ Zip code _____

Subject(s) _____

Telephone _____ Email _____

Would you like to receive information about Education at the Met? Yes No

APPLICATION FEE

I have enclosed a check made payable to The Metropolitan Museum of Art

I have provided my credit card information below

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Card number: _____

Expiration date: _____

Signature: _____