

Name:  
Address:  
City:  
State/Province:  
Country:  
Phone:  
Email:  
Website:

Occupation: Student\_\_\_ Teacher\_\_\_ Other (explain):

Education:

1. School\_\_\_\_\_ Degree\_\_\_ Year\_\_\_\_\_
2. School\_\_\_\_\_ Degree\_\_\_ Year\_\_\_\_\_

What experience do you have with computers (platform, software, etc)?

What experience do you have with media making (i.e., film, video, animation, interactivity).

What experience do you have with Max/MSP and Jitter? (none required)

What experience do you have with basic electronics? (none required)

What are your reasons for wanting to take this class?

Are you able to be in the class and studio up to 8 hours a day, all day, every day, for two weeks?

How did you hear about this workshop?

**Please Note:**

We will be working collaboratively, sharing information, and helping each other constantly. We will also be working on a variety of projects, including many that may be outside of your current artistic interests. Please let us know if you have any concerns regarding the structure of this class. **After receiving your application we will send you special registration information to complete the process.** We look forward to hearing from you! This class will fill up quickly, please respond ASAP.