

Please fill out this form to participate in *School: by Design* in 2012.

Date

Project Coordinator Name

Your Title (if you are a school you must be a teacher, advisor or school administrator, students may not register)

Organization

Address

City

State

Zip Code

Phone

Fax

E-mail

CHECK ONE:

- College University Creative Professional(s) Professional Organization
- Other:

ABOUT YOUR PROGRAM: Please answer these questions to the best of your ability.

How do you plan to select your mentors?

How many mentors do you expect to have?

How do you plan to select your students?

How many students do you expect to have?

When would you like to start your program?

When do you expect to finish your program?

Do you foresee any obstacles in implementing your program?

Are there any other issues you would like to discuss with us in planning your program?



Founding Partners:



Worldstudio
projects

Strategic Partner:



THE DESIGNERS ACCORD

BY REGISTERING AND SIGNING THIS FORM YOU AGREE TO THE FOLLOWING:

- » I will actively supervise all participants in executing *School: by Design*.
- » I will post information about my organization on the *Design Ignites Change* website.
- » I will contribute *School: by Design* case studies to the *Design Ignites Change* website.
- » Allow *Design Ignites Change* to promote my organization and the work members of my organization post on the website.
- » Provide *Design Ignites Change* with additional information upon request to promote projects submitted from my organization.
- » In the event that a member of my organization receives an award, I will help supervise the execution of the project to ensure success.

YOUR SIGNATURE

DATE

**Fax this form to: 212 807 0024,
or e-mail: Ansley Whipple at awhipple@worldstudioinc.com**
