

Participate. Practice. Perform.

2009 Student Workrooms



GIA
GEMOLOGICAL INSTITUTE OF AMERICA®

Learn from the World's Foremost Authority in Gemology™

ABOUT GIA STUDENT WORKROOMS

GIA Student Workrooms provide convenient and affordable access to all the equipment and gemstones you need to complete most of the practical requirements of your Distance Education Gem Identification course. A GIA instructor is right there to answer any of your questions. This self-study room is also available if you need to prepare for your 20-stone final exam, take a supervised exam, or simply practice using equipment and gemstones. Alumni are welcome to take advantage of Student Workrooms as well.

FEES AND WORKROOM HOURS

	COST	HOURS
ON CAMPUS CARLSBAD AND NEW YORK	Half Day \$35.00 Full Day \$70.00	Mon – Fri: 9:00 a.m. – 12:00 p.m. 1:00 p.m. – 4:00 p.m. Mon – Thu: 6:00 p.m. – 9:00 p.m. (NY only)
REGIONAL CENTERS ATLANTA, CHICAGO, AND DALLAS	Half Day \$65.00 Evening \$70.00 Full Day \$130.00	Tue – Fri: 5:30 p.m. – 9:30 p.m. Sat – Sun: 9:00 a.m. – 12:00 p.m. 1:00 p.m. – 4:00 p.m.

No fee for taking final exam(s). No charge for first five attempts at the 20-stone exam; \$50 each attempt thereafter. For complete schedules, visit www.gia.edu/education

Space is limited. Reserve a seat today.

1. Choose the workroom(s) and location you plan to attend.
2. Enroll in one of three ways:
 - Complete this form and fax to 760.603.4091
 - Mail completed form to:
GIA Admissions
The Robert Mouawad Campus, MS 3
5345 Armada Drive | Carlsbad, CA 92008
 - Call 800.421.7250 ext. 7750
Outside the U.S. and Canada,
call 760.603.4001

CANCELLATION POLICY

You may cancel a reservation up to 30 days before the first day of workroom and receive a full refund. If you cancel less than 30 days before your workroom, you will be charged a cancellation fee of \$25 or 15% of the workroom fee, whichever is greater. Cancellation fees will not exceed \$100. All cancellations must be submitted in writing to GIA Admissions. GIA reserves the right to reschedule or cancel workrooms, change fees without notice, or reject an application, with a full refund.

PLEASE RESERVE A SPACE FOR ME

Class	Date	Start time	Location	Fees
<input type="checkbox"/> FINAL EXAM - CLASS: _____			<input type="checkbox"/> CB <input type="checkbox"/> NY <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL	NO COST
<input type="checkbox"/> FINAL EXAM - CLASS: _____			<input type="checkbox"/> CB <input type="checkbox"/> NY <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL	NO COST
<input type="checkbox"/> FINAL EXAM - CLASS: _____			<input type="checkbox"/> CB <input type="checkbox"/> NY <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL	NO COST
<input type="checkbox"/> 20-STONE EXAM			<input type="checkbox"/> CB <input type="checkbox"/> NY <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL	
<input type="checkbox"/> SELF-STUDY <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Evening			<input type="checkbox"/> CB <input type="checkbox"/> NY <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL	
<input type="checkbox"/> SELF-STUDY <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Evening			<input type="checkbox"/> CB <input type="checkbox"/> NY <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL	
<input type="checkbox"/> SELF-STUDY <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Evening			<input type="checkbox"/> CB <input type="checkbox"/> NY <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL	
<input type="checkbox"/> SELF-STUDY <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Evening			<input type="checkbox"/> CB <input type="checkbox"/> NY <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL	
<input type="checkbox"/> _____			<input type="checkbox"/> CB <input type="checkbox"/> NY <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL	
TOTAL FEES:				

Date _____

Address _____

Student Number _____

Address Line 2 _____

Name _____

City _____

Daytime Phone Number _____

State/Province _____

E-mail _____

Zip/Postal Code _____

CHECK ENCLOSED PAYABLE TO GIA FOR ABOVE TOTAL

PAYMENT TO FOLLOW VIA WIRE TRANSFER

CHARGE MY CREDIT CARD:

VISA MasterCard American Express Discover

Credit Card Number _____

Expiration Date _____

Name as it Appears on Card _____

Signature _____

Student Workrooms | Year-round availability. Life-long opportunity.

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