



INSTITUTE OF
CONTEMPORARY
ART / BOSTON

ICA Library Pass Program Enrollment + Renewal Form

Library Name _____

Address _____

City/Town _____

State _____ Zip _____

Contact _____

Email Addresses _____

Telephone _____

Please enroll/renew our library at the level:

_____ Half Library 120 Passes, valid for twelve months at a cost of \$195

_____ Full Library 360 Passes, valid for twelve months at a cost of \$375

CREDIT CARD PAYMENT

Please circle: American Express Discover Mastercard Visa

Card Number _____ Expiration Date _____

Cardholder's Name _____

CHECK PAYMENT

Enclosed is a check in the amount \$ _____

Please make your check payable to **Institute of Contemporary Art/Boston** and mail to:

Attn: Library Pass Program
Institute of Contemporary Art/Boston
25 Harbor Shore Drive
Boston MA 02210

Your library will receive a digital pass and receipt once your order has been processed. Physical passes can be printed and mailed upon request. Please email librarypassprogram@icaboston.org with any questions.