

# Fall 2017 Registration Form

## How to register

- You may register for up to five courses.
- List your classes in order of priority.
- DO NOT sign up for multiple courses in the same time slot.
- Sign up for community service courses and extracurricular activities on the back of this form.
- Registration forms received by the **priority deadline (August 4)** will be included in the computer-based allocation process.
- Registrations received **after the priority deadline (August 4)** will be processed on a space-available basis.
- Registrations will not be processed until a membership fee is paid.

## Three ways to register:

**Mail completed form to:**  
 OLLI at UD  
 2700 Pennsylvania Ave.  
 Wilmington, DE 19806

**In-Person**  
 August 1–4  
 10 a.m.–2 p.m.,  
 Goodstay

**Online**  
 July 25–August 4  
 lifelonglearning.udel.edu/  
 wilm

**ONLINE REGISTRATION ASSISTANCE**  
**August 1–4**  
**10 a.m.–2 p.m.**  
 Assistance with online registration will be available in person at Goodstay or by phone at 302-573-4417.

Please print clearly.  New Member  Returning Member

Name \_\_\_\_\_  
Last First Middle

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (Print) \_\_\_\_\_

M/F \_\_\_\_\_ Year of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Education:  H.S.  Some College, A.A.  B.A., B.S., R.N.  M.A., M.S.  Ph.D., M.D., J.D.

Name for Nametag: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

### In case of emergency or illness contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

By submitting this form, I agree to hold the University of Delaware, its Trustees, officers, employees and agents harmless for any claims of personal injury or damage arising out of my association with the program or presence on the University campus or as a participant of any program-sponsored trip. I agree that information provided in class is intended to be informational only and should not be construed or relied upon as advice. I authorize the University to record or photograph my image and/or voice for use by the University or its assignees in educational and promotional programs and materials.

### Signature Required:

CHOOSE UP TO 5 COURSES IN ORDER OF PRIORITY. Don't forget to complete the back of this form.

COURSE CODE (Ex.: A01)	PRINT COURSE TITLE	DAY/TIME
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**MEMBERSHIP FEE:** AMOUNT: Fee \$ \_\_\_\_\_

- Fall Semester \$260  Instructor Fall Semester \$230  
 Combined Fall and Spring \$445  Instructor Combined Fall and Spring \$385

### PAYMENT OPTIONS:

1.  Check payable to: **University of Delaware**  
 2.  Credit Card:  American Express  Discover  MasterCard  Visa

**Required for MAIL-IN CREDIT CARD payments:**

Credit Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

- GIFTS:**  Yes, I want to support the:  Gift Fund  Scholarship Funds GIFT AMOUNT: \$ \_\_\_\_\_  
 Check payable to: **University of Delaware.**  Donation using above credit card.

See next page for volunteer opportunities and extracurricular activities.