

ACADEMY OF LIFELONG LEARNING REGISTRATION FORM, FALL 2009

2700 Pennsylvania Avenue, Wilmington, DE 19806, e-mail: Academy-LL@udel.edu

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Last Name (Print Clearly) First Middle Telephone Number

Name for NAMETAG (if different from above):

First Last

Street City State Zip

M/F Year of Birth E-mail Address

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

FOR NEW MEMBERS: REFERRED BY (Print Academy member's name)

I understand that the University of Delaware, its Trustees, employees and agents have no legal responsibility for my physical welfare while I am a member of the Academy of Lifelong Learning or a participant of any Academy-sponsored trip. I, therefore, agree to hold the University of Delaware, its Trustees, employees and agents harmless for any claims for personal injury or damage arising out of my association with the Academy.

Signature Required

In case of emergency or illness contact:

Name Relationship Daytime Phone

Name Relationship Daytime Phone

Physician Telephone

CHOOSE UP TO 5 COURSES IN ORDER OF PRIORITY.

(Please sign up for Extracurricular Activities at registration, not on this form.)

Table with 3 columns: COURSE CODE (Ex. A01), PRINT COURSE TITLE, DAY/ TIME. Rows 1-5.

PAYMENT: [] Combined Fall and Spring Membership Fee \$395 [] Fall 2009 Semester \$220 [] Combined Fall/Spring Instructor's Fee \$355 [] Fall 2009 Instructor's Fee \$200

1. [] Check payable to: University of Delaware Amount \$

2. [] Credit Card: [] American Express [] Discover [] MasterCard [] Visa Amount \$

Credit Card No.: - - - - -

Security Code (back of credit card): Exp. Date:

3. [] Yes, I want to support the Academy Fund with a gift. Amount \$

[] Check payable to: University of Delaware. [] Donation using above credit card.

All gifts to the Academy of Lifelong Learning are tax deductible to the extent provided by law.

4. PRINT NAME

5. Authorized Signature Required: Date