



Please fax your choices as soon as possible in order to process your registration, as classes may fill.

Registration Form Osher Lifelong Learning Institute at Emory

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

TUESDAYS _____

WEDNESDAYS _____

THURSDAYS _____

CARD TYPE _____

CARD NUMBER _____ EXP DATE _____

PAYMENT \$_____ (additional course fees)

- I have already submitted my registration payment online.
I am registering for the regular OLLI membership.
I am registering for the one class membership.

I'D LIKE TO SUPPORT THE WORK OF OLLI AT EMORY:

- \$25
\$50
\$100
\$(other)

RETURN VIA FAX OR MAIL: PHONE: 404.727.6000 FAX: 404.727.3474

Emory Continuing Education
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