



# Course Registration 2025

SESSION:  WINTER  SPRING  SUMMER  FALL  OTHER \_\_\_\_\_

OFFICE USE

MEMBERSHIP:  CURRENT  NEW  RENEWING

RECEIVED: DATE \_\_\_\_\_ INITIALS \_\_\_\_\_

## ABOUT YOU (Only one person per form, please)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Is any information above new?  Address  Phone  Email

I'd like an OLLI nametag with this name: \_\_\_\_\_

I grant photo permission. OLLI may reproduce my image for educational/promotional purposes if I appear in photos of programs.  Yes  No

## EMERGENCY CONTACT

Name \_\_\_\_\_

Phone \_\_\_\_\_

## YOUR PAYMENT INFORMATION

Card Type:  Visa  MasterCard  Discover (No Cash or Checks)

Card No: \_\_\_\_\_

Exp. Date: (MM/YY) \_\_\_\_/\_\_\_\_ Code: (on back of card) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Questions? Please email [olliatism@maine.edu](mailto:olliatism@maine.edu) or call 207-780-4406.

## YOUR PROGRAM SELECTIONS

COURSE / WORKSHOP TITLE	COST
<b>1st Choice:</b> ..... <b>Alt. Choice:</b> .....	\$
<b>2</b> <b>1st Choice:</b> ..... <b>Alt. Choice:</b> .....	\$
<b>3</b> <b>1st Choice:</b> ..... <b>Alt. Choice:</b> .....	\$
<b>4</b> <b>1st Choice:</b> ..... <b>Alt. Choice:</b> .....	\$
<b>5</b> <b>1st Choice:</b> ..... <b>Alt. Choice:</b> .....	\$
<b>Your Total Course / Workshop Cost</b>	\$
<input type="checkbox"/> Check box if you're over 90 — it's free!	<b>Annual Membership, if applicable</b> + \$
<b>Your tax deductible contribution to OLLI (Optional)</b>	+ \$
<b>YOUR TOTAL REGISTRATION COST</b>	\$

OFFICE USE

CAMPUS CE \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_

MISC \_\_\_\_\_