

Spring 2019 Registration Form

Primary Location: Lewes Ocean View Dover

PLEASE CLEARLY FILL IN ALL INFORMATION

NAME (please print) _____

EMAIL _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE (home) _____ **(cell)** _____

DATE OF BIRTH _____

If you do not want your address, phone number and email address published in a member directory, please check here:

RACE/ETHNICITY (Optional): Please indicate how you identify yourself.

- American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
 Are you Hispanic/Latino? Yes No

IN CASE OF EMERGENCY OR ILLNESS CALL:

NAME _____

RELATIONSHIP _____ **TELEPHONE/CELL** _____

I AM ESPECIALLY INTERESTED IN: Teaching a course Serving on a committee Volunteering in the office Fundraising
 My hobbies include _____

EDUCATION: H.S. Two-year College, A.A. B.A., B.S., R.N. M.A., M.S. Ph.D., M.D., J.D., Ed.D.

MEMBERSHIP DUES: New Member Returning Member

- \$_____ \$175 Spring 2019 semester Paid for full year
 \$_____ Donation to Gift Fund Kirilla Scholarship Fund (Lewes only) Future Fund (Lewes only)
 \$_____ TOTAL (Make check(s) payable to "University of Delaware.") Check # _____

Credit Card: American Express Discover MasterCard Visa Amount: \$ _____

Credit Card No.: _____ - _____ - _____ - _____ Exp. date: _____

Print Name: _____

Authorized Signature Required: _____

NEW MEMBERS: HOW DID YOU LEARN ABOUT OLLI AT THE UNIVERSITY OF DELAWARE?

- Newspaper article Friend Library display Radio ad TV Internet Other _____

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 any other location where classes are offered 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 of Delaware to record or photograph my image and/or voice, and I hereby give the University of Delaware the absolute and irrevocable right and permission, with respect to the video, social media and/or photographs that they have taken of me or in which I may be included with others. To copyright the same in their own name or any other name they may choose. To use, re-use, publish and re-publish the same, in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade and to use my name in connection therewith if they so choose. I hereby release and discharge the University of Delaware from any and all claims and demands arising out of, or in connection with, the use of the photographs, including any and all claims for libel. This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of the University of Delaware as well as the person(s) for whom they took the photographs, video or posted social media. I am over the age of eighteen. I have read the foregoing and I fully understand the contents thereof.

SIGNATURE REQUIRED _____ **DATE OF REGISTRATION** _____

REGISTRATION IS EASY!

Simply complete this form and return it to:
 Osher Lifelong Learning Institute
 Fred Thomas Building, 520 DuPont Ave.
 Lewes DE 19958

OR register ...

IN PERSON

Mondays-Thursdays, 9 a.m.-2 p.m.
 OLLI Office, Room 109, Fred Thomas Bldg.

ONLINE

www.lli.udel.edu/dover
 www.lli.udel.edu/lewes

LATE REGISTRATIONS

Registration forms received after
January 17 will be processed on a
 space-available basis.

Spring 2019 Course Selection Form



Please choose your courses in order of priority.

Course Code	Course Title	Day/Time	Location <small>(Lewes, Dover, Ocean View)</small>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

Please use your priorities wisely!

Sign up only for those courses you intend to take—and DO NOT sign up for multiple courses in the same time slot.

The smaller the class limit, the greater the likelihood of waiting lists.

Note: If you were waitlisted for a course during the previous semester, you receive preference this semester if (1) the identical course is offered again and (2) you indicate the course as your Priority 1.