Osher Lifelong Learning Institute at the University of Delaware — Wilmington

Spring 2019 Registration Form February 11–May 17, 2019

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, volunteer or extracurricular activities on the back of this form.
- Registration forms received by the priority deadline (January 4) will be included in the computer-based allocation process.
- Registrations received after the priority deadline (January 4) will be processed on a space-available basis.
- Registrations will not be processed until a membership fee is paid.

Three ways to register:

Online
Dec. 10–Jan. 4, 2019
oli.udel.edu/wilm

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

In-Person
Jan. 2–4, 2019
10 a.m.–2 p.m.

Please print clearly.

☐ New Member  ☐ Returning Member

Name ______________________ last name, first name, middle initial

Street ______________________

Development/Retirement Community ______________________

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) ______________________

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 ☐ Hispanic/Latino

In case of emergency or illness contact:

Name ______________________ Relationship __________ Daytime Phone __________

Name ______________________ Relationship __________ Daytime Phone __________

Physician ______________________ Relationship __________ Daytime 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 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:

MEMBERSHIP FEE: AMOUNT: Fee $ __________

☐ Spring Semester $260 ☐ Instructor Spring Semester $230

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 COURSE, EXTRACURRICULAR AND VOLUNTEER SIGN-UP FORM.
Spring 2019 Course, Activity and Volunteer Sign-up Form

Print Name: __________________________ Phone: (________) ___________________________

**Academic Courses:** Choose up to FIVE in order of priority.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Print Course Title</th>
<th>Day/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.__________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>2.__________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>3.__________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>4.__________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>5.__________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

**Community Service Courses:** These courses are exempt from the five academic course limit (see page 39).

1.________________ | ____________________________________________________________ | ____________________________ |
2.________________ | ____________________________________________________________ | ____________________________ |

**Extracurricular Activities:** You may choose unlimited extracurricular activities (see pages 39–43).

1.________________ | ____________________________________________________________ | ____________________________ |
2.________________ | ____________________________________________________________ | ____________________________ |

**Volunteer! Get involved! Make new friends! Make a difference!**

I am now serving on or wish to join the following committees:

- **Administration**
  - Duplicating (Y25)
  - Facilities, safety & equipment (Y26)
  - Reading room (Y27)
  - Reception (Y04)
  - Registration (Y05)
  - Volunteer development (Y06)

- **Communication**
  - Bulletin boards and displays (Y07)
  - Monthly newsletter (Y08)
  - New member relations (Y09)
  - Weekly activities notice (Y10)

- **Computer and AV Support**
  - Computer coordination (Y11)
  - Wireless device registration (Y12)

- **OLLI Ambassador**
  - On-site representative at your 55+ community (Y24)

- **Events & Activities**
  - Bake cookies (Y13)
  - Special Events Wednesdays (Y14)
  - Travel (Y15)

- **Ongoing Committees**
  - Art (Y16)
  - Book sale (Y31)

- **_Café (Y29)***
  - Friends of Goodstay Gardens (Y35)
  - Fundraising (Y18)
  - Marketing (Y19)
  - Diversity (Y17)
  - Outreach (Y20)
  - One time wonder (Y34)
  - Music (Y32)

- **Summer Programs**
  - June à la Carte (Y28)
  - Summer session (Y22)

For more information about committees and responsibilities, see olli.udel.edu/wilmington/committee-manual/

**Thinking of becoming an instructor?**

- Would you consider sharing your interests by becoming an instructor? ____Yes ____Maybe ____No
- If yes, what would you consider teaching? ____________________________