OLLI Registration Form Spring 2020

SELECT COURSE: (C8=8 weeks, etc.), Clubs (CL8, CL4), SINGULAR LECTURE (L)

4	✓ MONDAYS		✓ WI	· · · · · · · · · · · · · · · · · · ·	AVC		. A EDIDAYC		
1.		•			FRIDAYS				
	☐ The Rolling Stones C8			The Art of Calif.:Best of the West C8			Civil War Profiles C8		
	Black Holes, Curved Sp		Contemporary Economic Policy Sussues CL4 Myth, Music, Art, and Philos						
	American Fiction Book	Sh	☐ Short Stories Club CL8			Making Music Club CL8			
	✓ TUESDAYS					✓ SATURDAY LECTURES			
	Courtroom Drama in the		✓ THURSDAYS			Odes to Joy: Beethoven and Klim	nt L		
	and Theater, Part X C8	The Battle of Okinawa C4				☐ Consciousness and the Search L☐ The Law & Politics of Outer Space L			
	Exploring Opera: The D	☐ Mainstreams of Modern Art C8							
	☐ The Economist Club CL8 ✓ SPECIAL EVENT			☐ The Socratic Circus Club CL8			☐ Voices from the 1960s L☐ The Fall of the Berlin Wall L		
	Baseball Day	Historical Biography Club CL4				☐ The Greatest Movies Ever L			
	CELECT MEMBERSHIP TYPE AND FEES (Described 1):								
_	SELECT MEMBERSHIP TYPE AND FEES (Required):								
2.		MBERSHIP (ONE PER PERSON)		IOW MANY	COST		O OLLI DISCOUNT TOTAL FEE	ES	
	Session Membership Spring 2020				\$380	-\$60.00	0.00		
	Basic Membership Spring 2020	J			\$25		A. Total Fees		
	SELECT COURSE, V	NORKSH(OP AND	CLUBI	FEES (Req	uired)):		
3.	ТҮРЕ	HOW MANY	PREMIUN	M SESSIO	N BASIC	NEV	W TO OLLI DISCOUNT (LIMIT OF ONE) TOTAL		
	8 week course (C8)		\$0	\$0	\$175 each	ded	uct \$75		
	6 week course (C6)		\$0	\$0	\$145 each	ded	uct \$60		
	4 week course (C4)		\$0	\$0	\$100 each	ded	uct \$45		
	Club (CL4)		\$0	\$0	\$30 each	N/A			
	Club (CL8)		\$0	\$0	\$50 each	N/A			
	Saturday Lectures		\$0	\$0	\$25 each	N/A			
	Baseball Day (Member)		\$50	\$50	\$50	N/A			
	Baseball Day (Non-Member)		\$60			N/A			
						Donation to OLLI General Fund			
Donation to Sch Grand total of membership and othe							Donation to Scholarship Fund		
							B. Total Fees		
4.	If you are new to OLI	_l, please ir	ed you:						
	Nama			PAYMENT INFORMATION					
	Name:			■ U Check enclosed OR Please charge my account:					
	Address: City: State/Zip: Phone: Email:			- · · · · · · · · · · · · · · · · ·					
				11	Account Number: Expiration Date:				
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