

OLLI AT AU REGISTRATION FORM

FEBRUARY SHORTS: MONDAY, FEB. 3 – FRIDAY, FEB. 7, 2020

4400 Massachusetts Ave. NW • Washington, DC 20016

Phone 202.895.4860 | Email: OLLI@american.edu | website: www.OLLI-DC.org

Register for FEBRUARY SHORTS
by midnight,
Wednesday, Jan. 15, 2020

Please complete all parts of the registration form or register online at www.OLLI-DC.org.

CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____ APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP _____ E-MAIL ADDRESS _____

HOME PHONE NUMBER - - CELL PHONE NUMBER - -

EMERGENCY CONTACT NAME _____ RELATIONSHIP TO EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE NUMBER - -

REGISTER FOR SHORTS

1. **SELECT** whether you want to register for 1, 2, or 3 shorts.

Check only one box: 1 2 3

2. **List up to 6 shorts in priority order.**

| SHORT NUMBER | SHORT NAME | VOLUNTEER TO BE SHORTS REPRESENTATIVE |
|--------------|------------|---------------------------------------|
| 1. _____ | _____ | <input type="checkbox"/> |
| 2. _____ | _____ | <input type="checkbox"/> |
| 3. _____ | _____ | <input type="checkbox"/> |
| 4. _____ | _____ | <input type="checkbox"/> |
| 5. _____ | _____ | <input type="checkbox"/> |
| 6. _____ | _____ | <input type="checkbox"/> |

PAYMENTS

Please make checks payable to OLLI. Payment must accompany registration or register with a credit card online at: www.OLLI-DC.org.

Financial assistance is available. Contact the OLLI office for information.

\$ _____ **\$75: February 2020 Shorts Membership Fee**

The \$75 registration fee entitles you to take up to three Shorts.

\$ _____ **\$67: February 2020 Shorts Membership Fee with AU 10% discount**

(Alum or alum spouse/current staff or spouse/current or emeriti faculty or spouse. The names of members using the AU discount is shared with the AU Alumni Office for data-tracking purposes only.)

See reverse side for name and image releases.

PLEASE NOTE: If you are registering for both the Spring semester and the February Shorts, **you do not have to check the boxes below on both registration forms.** Just be sure to check them on either page 8 or below.

DIRECTORY LISTING

Please check the boxes below if you do NOT want your contact information included in our Membership Directory, which is produced as a courtesy to our members and is intended for internal use only.

DO NOT include the following in the OLLI Membership Directory.

My Phone Number My Street Address My E-mail Address

PUBLICITY RELEASE

Check this box if you **DO NOT** authorize OLLI to use your photo and name in its marketing and publicity.

BECOME A SHORTS LEADER

Check this box if you are interested in becoming a Study Group Leader at OLLI.

Topic(s) of interest for leading a study group: _____

An OLLI staff member or Curriculum Committee member will contact you shortly. Please visit the website below for more information:

https://www.oli-dc.org/become_a_study_group_leader.

VOLUNTEER

See the "Get Involved" page on the OLLI website, <https://www.oli-dc.org/volunteer>.

RETURN COMPLETED FORM

Mail completed form to:

Osher Lifelong Learning Institute
4400 Massachusetts Ave. NW
Washington, DC 20016

Or deliver completed form to the OLLI office at:

4801 Massachusetts Ave. NW
Suite 501
Washington, DC