

REGISTRATION

Please register no later than one week prior to the start of class to receive confirmation materials.

Name _____

Name on Nametag _____

Address _____ City _____ St _____ Zip _____





Home Phone (_____) _____ - _____ Work/Other Phone (_____) _____ - _____

In order to reduce costs, Senior Professionals would appreciate your e-mail address for registration confirmations and additional class information. Senior Professionals does not sell or share its e-mail list with anyone outside the university. E-Mail _____

MEMBERS OF SENIOR PROFESSIONALS PAY A REDUCED RATE TO ATTEND CLASSES.

To become a member of Senior Professionals and receive the discounted pricing, download a membership form from www.SeniorProfessionals.IllinoisState.edu/MembershipRegistration. Membership forms MUST be processed separately from class registrations.

CLASSES

	MEMBER	NON-MEMBER
ACADEMY OF SENIORS		
<input type="checkbox"/> 1. THE FIRST AMENDMENT	\$35.00 _____	\$45.00 _____
 Walk-Ins \$15.00 (cash or check) per session will be collected at the door. No prior registration is required for walk-ins.		
<input type="checkbox"/> 2. SHOWCASING LOCAL ART	\$35.00 _____	\$45.00 _____
 Walk-Ins \$15.00 (cash or check) per session will be collected at the door. No prior registration is required for walk-ins.		
<input type="checkbox"/> 3. CHILDREN'S LITERATURE FOR ADULTS	\$35.00 _____	\$45.00 _____
 Walk-Ins \$15.00 (cash or check) per session will be collected at the door. No prior registration is required for walk-ins.		
<input type="checkbox"/> 4. ILLINOIS' FIRST FARMERS: THE 1,000TH ANNIVERSARY	\$35.00 _____	\$45.00 _____
<input type="checkbox"/> 5. MORNINGS WITH THE PROFESSORS (ALL 5 SESSIONS)	\$35.00 _____	\$45.00 _____
 Walk-Ins \$15.00 (cash or check) per session will be collected at the door. No prior registration is required for walk-ins.		
<input type="checkbox"/> 6. CLASSROOM JOURNEY	\$70.00 _____	\$85.00 _____

PAYMENT METHOD

Check enclosed, payable to **Illinois State University** VISA MasterCard Discover Am. Ex.

Card # _____

Signature _____

Expiration Date _____

CVV# _____

TOTAL _____