OLLI MAIL-IN REGISTRATION FORM

FIRST REGISTRANT (PLEASE PRINT)			SECOND REGISTRANT (PLEASE PRINT)		
NAME:			NAME:		
STREET:			STREET:		
CITY/ST/ZIP:			CITY/ST/ZIP:		
EMAIL:			EMAIL:		
PHONE:		BIRTH YEAR:	PHONE:		BIRTH YEAR:
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COURSE #	COURSE TITLE KEY WORDS	FEE	COURSE #	COURSE TITLE KEY WORDS	FEE
		\$			\$
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		\$			\$
		\$			\$
MEMBERSHIP FEE: \$90*		\$	MEMBERSHIP FEE: \$90*		\$
TOTAL PAYMENT:		\$	TOTAL PAYMENT:		\$

ENCLOSE PAYMENT BY CHECK PAYABLE TO OLLI AT UC AND MAIL TO:

OLLI AT UC, PO BOX 210093 CINCINNATI, OH 45221-0093

Register online: www.uc.edu/olli

QUESTIONS: 513-556-9186. NO PHONE REGISTRATION!

*\$0 for moderators of multiweek classes in this term, scholarship recipients, & Tower of Strength Society donors

Tower of Strength Society #:					
CHECK #:	AMOUNT ENCLOSED:				