

OLLI MAIL-IN REGISTRATION FORM

FIRST REGISTRANT (PLEASE PRINT)	
NAME:	
STREET:	
CITY/ST/ZIP:	
EMAIL:	
PHONE:	BIRTH YEAR:

SECOND REGISTRANT (PLEASE PRINT)	
NAME:	
STREET:	
CITY/ST/ZIP:	
EMAIL:	
PHONE:	BIRTH YEAR:

COURSE #	COURSE TITLE KEY WORDS	FEE
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MEMBERSHIP FEE: \$75*		\$
TOTAL PAYMENT:		\$

COURSE #	COURSE TITLE KEY WORDS	FEE
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		\$
MEMBERSHIP FEE: \$75*		\$
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 students, & Tower of Strength Society
members.

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