

Course Registration

Please Print Carefully

Name: _____

Street Address: _____

City, State, Zip: _____

Phone (Home or Cell): _____

E-mail: _____

Please Choose One option:

Dollar Amount

Annual Membership: (\$300)

You may choose up to seven 10-week courses.
(Two 5-week courses equals one 10-week course)

Term Membership: (\$185)

You may choose up to seven 10-week courses.
(Two 5-week courses equals one 10-week course)

New Membership: (\$75)

New members only! You may choose
one 10-week course or two 5-week courses.

Discount: (\$30)

Second member in household registering
for courses.

*Please note: Each member of a couple must submit
a separate form to ensure proper registration.*

Total Amount Due:

To Register: Please submit this form, along with
your check or credit card information to:

Osher Lifelong Learning Institute
Widener University
825 Springdale Drive
Exton, PA 19341

Membership/Emergency Information

Contact Name _____

Relationship _____

Phone _____

Physician Name _____

Phone _____

Preferred Hospital:

Paoli Hospital Chester County Hospital

Other: _____

Get Involved

Would you consider leading or coordinating a class or activity?

YES NO

Would you be interested in participating in an OLLI committee?
(see page 30)? Yes No

General Information

Are you retired? Yes No

Do you live in a retirement community? Yes No

If yes, which one? _____

Educational Background (Please check highest degree)

High School AA/AS BS/BA Other _____

MA/MS/MDiv MD/JD/DDS PhD/EdD/SciD/DPh

How did you learn about OLLI? _____

Have you ever taken a class with us before? Yes No

**On occasion, we take photographs of events and classes at OLLI. Photographs
taken of you while you are attending any OLLI related courses or activities are the
property of Widener University and may be used for future marketing purposes.**

*I agree to abide by all policies, rules, regulations, and procedures of Widener
University, including, without limitation, those relating to course registration and
refunds and use of all facilities and resources provided by the university. I understand
that my actions when representing myself as a member of OLLI must comply with all
such policies, rules, regulations, and procedures of the university.*

Signature: _____

Course Title

Course #

Term (Spring: A, B, Ten Week)

Priority 1: _____ OLLI _____ _____

Priority 2: _____ OLLI _____ _____

Priority 3: _____ OLLI _____ _____

Priority 4: _____ OLLI _____ _____

Priority 5: _____ OLLI _____ _____

Priority 6: _____ OLLI _____ _____

Priority 7: _____ OLLI _____ _____

If you selected any Spring A or Spring B, add additional courses below: (two 5-week courses equal one 10-week course)

Priority 8: _____ OLLI _____ _____

Priority 9: _____ OLLI _____ _____

Priority 10: _____ OLLI _____ _____

Priority 11: _____ OLLI _____ _____

Priority 12: _____ OLLI _____ _____

Evening/Weekend Courses

Priority 1: _____ OLLI _____ _____

Priority 2: _____ OLLI _____ _____

Total due (from front of this page) _____

Method of payment: Check # _____ Credit Card: Visa/MC Cash

Credit Card Acct.# _____ Three digit security code on back of card (required): _____ Exp. Date: _____

Name and Address for Credit Card (if different than registration form): _____

Do not write in this blue area. Administrative use only.

Date entered into system: _____ ID# _____