

REGISTRATION FORM

MAIL: Send completed form to address below.

ONLINE: case.edu/lifelonglearning

FAX: Fax form to 216.368.1868

PHONE: 216.368.2090 or 216.368.2091

Name _____ Birth Year _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

LIST NAME OF COURSE, LECTURE, EVENT OR WORKSHOP BELOW.

Program Name _____ FEE \$ _____

Program Name _____ FEE \$ _____

Program Name _____ FEE \$ _____

Program Name _____ FEE \$ _____

Program Name _____ FEE \$ _____

Program Name _____ FEE \$ _____

ANNUAL MEMBERSHIP FEE
Join before fees increase on July 1.

INDIVIDUAL MEMBER \$40 _____

MEMBER PLUS ONE \$70 _____

Name of Plus One (if applicable) _____

MORE INFORMATION ABOUT MEMBER BENEFITS:
case.edu/lifelonglearning/membership/

Please share your suggestions for future courses or programs.

TOTAL _____

If paying by check, please make payable to
Case Western Reserve University and mail to:

The Laura and Alvin Siegal Lifelong Learning Program
Case Western Reserve University
10900 Euclid Avenue, Thwing Center, Room 153
Cleveland, OH 44106-7116

CREDIT CARD

Mastercard Visa Discover

TOTAL \$ _____

Name on Card Exp. (MM/YY)

Account No. CVV Code



THE LAURA & ALVIN SIEGAL
LIFELONG LEARNING
PROGRAM