

REGISTRATION FORM

MAIL: Send completed form to address below.
ONLINE: case.edu/lifelonglearning/about/membership
FAX: Fax form to 216.368.1861
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

INDIVIDUAL MEMBER \$50 _____

CWRU RETIRED FACULTY & STAFF,
CWRU ALUMNI, ACE MEMBERS \$40 _____

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

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.

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**CASE WESTERN RESERVE
UNIVERSITY**
The Laura & Alvin Siegal
Lifelong Learning Program