

SPRING 2019 REGISTRATION FORM

One Form Per Person – Please Print

LOCAL FLORIDA INFORMATION

Patron ID No. _____

E-Mail Address _____

Name _____

Address _____

City _____ Zip _____

Local phone () _____

Cell phone number () _____

Community _____

OUT OF STATE INFO

Out of state address _____

City _____

State/Zip _____

Phone () _____

Arrival date in Florida _____

Date leaving Florida _____

PAYMENT INFORMATION

1. Check*: **Payable to FAU/OLLI. Include last four digits of the registrant's Social Security number on the check.** Mail check to the address at the bottom of this page.

2. Credit Card: Visa MC Amex Discover

Credit Card Number _____

Expiration Date: mm/yy | Security Code | Billing zip code

Print name as it appears on card _____

REQUIRED PARKING & TRANSPORTATION INFORMATION

License Plate # _____ (mandatory)
State _____

SIGN

Signature (mandatory: Check and Credit Card)

I agree with the policies and procedures noted herein.

Signature: _____ Date: _____

OFFICE USE

Date Received _____ | _____ a.m. _____ p.m.

By _____ | Walk-in Mail Fax Other _____

Comments: _____

Code	Spring 2019 One-Time Events	Mem.	Non.	
WPL03051	Rabil	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03052	Ervin	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03054	Berk	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03055	Granat	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03061	Nurnberger	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03062	Hagood	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03064	Kustanowitz	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03065	Rod MacDonald and the Humdingers	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03072	Nurnberger	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03074	Teitelbaum	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03081	Stein-Rubin	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03082	Survis	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03084	Uryvayeva Martin	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL03135	Cerabino	*members only, \$75 for any 3 WPL/FPL on same registration form(s). Events purchased as part of a package are non-refundable.	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>
WPL03142	Marques		\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>
WPL03151	Engle		\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>
WPL03212	Nurnberger		\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>
WPL03282	Bruce	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	
WPL04042	Words... Alive	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	

Code	Spring 2019 4 Week Series	Mem.	Non.
S141	Goldberger	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S142	Falletta	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S144	Kowel	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S145	Isaacs	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S241	Rabil	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S242	Ages	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S244	Lawrence	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S341	Labovitz	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S342	Atkins	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S344	Savitch	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S441	Kahn	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S444	Gridley	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S445	Stone	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S542	McGetchin	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>
S544	Rossman	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>

FEES PAID PER REGISTRANT

Total Lecture Fees:	\$ _____	
Membership Fee: (Optional-See page 117 & 118)	\$ _____	
Replacement Patron ID Card: (\$10.00)	\$ _____	+
TOTAL FEES:	\$ _____	=

LAST NAME (PRINT) :

FIRST NAME (PRINT) :