

Registration opens at 10 a.m. on **Tuesday, August 13, 2024.**

**We highly encourage you to register online at [olliuva.org](http://olliuva.org). This is the best way to get a seat in a course.**

| MEMBER INFORMATION |            |                |          |
|--------------------|------------|----------------|----------|
| Last Name          | First Name | Preferred Name |          |
| Home Address       | City       | State          | Zip Code |
| Email              | Home Phone | Mobile Phone   |          |

## COURSE

**Program selection: online registration is the best way to reserve your seat!**  
If a program is full, you will be placed on a waiting list and will not be charged.

| Program Title (Course Title and Number or Program Title) | I would like to know more about Class Moderator duties | Fee       |
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| <b>Total</b>   |  | <b>\$</b> |

Please indicate an alternative program (if any) that you'd like to add in the event a program you've listed above is full.

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**PAYMENT: Enter Credit or Debit Card Information below. PLEASE DO NOT SEND CHECK(S) UNLESS YOU ARE PAYING ONLY FOR MEMBERSHIP.** If you prefer to pay by check, OLLI will send an invoice for your payment, which can then be made by check, or by telephone with a card.

Send Invoice

Card # \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_ Amount to be Charged \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

|  |           |
|--|-----------|
| <b>Membership Fee</b> (\$75 per semester)<br><small>* Please see member terms of agreement and code of conduct at <a href="http://olliuva.org">olliuva.org</a></small> |           |
| <b>Annual Fund Donation</b> (tax deductible)   |           |
| <b>Scholarship Fund Donation</b> (tax deductible)  |           |
| <b>Discount</b> (Instructor Spouse/Partner or Class Moderator)   |           |
| <b>TOTAL OF ALL CHARGES</b>  | <b>\$</b> |

Registration forms can be dropped off or mailed to the OLLI office at 1 Morton Drive, Suite 100TL, Charlottesville, VA 22903.

| OFFICE USE ONLY    |                        |
|--------------------|------------------------|
| Date form received | Date enrolled/initials |