

# Academy of Lifetime Learning Registration Form

Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ E-mail address \_\_\_\_\_

<u>Course Name</u>	<u>Course Fee</u>	<u>Start Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Payment info:

- Cash
- Check (*payable to EASTERN ILLINOIS UNIVERSITY*)
- Charge Card
  - M/C
  - Visa
  - Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### **Please mail or fax your completed registration form with payment to:**

Academy of Lifetime Learning  
School of Continuing Education  
Eastern Illinois University  
600 Lincoln Ave.  
Charleston, IL 61920-3099

Fax: 217-581-6697

For questions or more information, please contact the School of Continuing Education at (217) 581-5114.

