

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.

