



UNIVERSITY OF
ARKANSAS

www.oli.uark.edu • 800-952-1165

Fall 2009 Schedule of Classes

REGISTRATION INFORMATION

Ways to register:

1. **By Phone:** Call 800-952-1165, ATTN: Claudia Cochran
2. **In Person:** The registration office is open Monday through Friday, 8:00 am – 4:30 pm
3. **By Mail:** You may fill out the registration form below and mail it in with a check made payable to the University of Arkansas to the address below. If paying by credit card, please call the numbers above. Do **NOT** mail your credit card information.

University of Arkansas
School of Continuing Education and Academic Outreach
2 East Center Street
Fayetteville, AR 72701

EXISTING MEMBER INFORMATION

Name _____ OLLI Membership # _____

NEW MEMBER INFORMATION (\$50 membership)

Name _____ Birth Date (Required) _____

E-mail _____

Address _____ City _____

State _____ Zip _____ () _____ () _____

Daytime Phone (Required) Cell Phone

Who told you about OLLI? _____

Office Use Only

Receipt # _____

Date Received: _____

ALL MEMBERS (Please check all that apply)

- I would like to serve as a host for Dine & Discover course, or Study Group.
- I give OLLI permission to use my photo taken during OLLI classes for promotional purposes.

COURSE NUMBER & TITLE

COST

HOST?

_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>

To register for more than five courses, use the back of this form.

TOTAL NUMBER OF COURSES _____

MEMBERSHIP FEE FOR NEW MEMBERS (\$50) \$ _____

TOTAL AMOUNT \$ _____

COURSE NUMBER & TITLE

COST

HOST?

_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
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_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>

MEMBER PROFILE

We request your voluntary responses to the following questions, which will be used for statistical purposes only. This information will help us to better serve our members.

How did you hear about OLLI? _____

Gender: Male Female Age: 50-60 61-69 70-79 80+

College Degree: Yes No Are you a University of Arkansas Alumni? Yes No

Ethnicity: Caucasian African American Hispanic Asian Other _____

Are You Retired? Yes No Occupation: _____

Are you interested in participating in any of the following activities? _____

Developing Courses Assisting a facilitator in a class Helping with recruitment efforts

Serving on the OLLI board/committees Providing assistance at special events

Helping with mailings Other _____

Would you be interested in facilitating a course? Yes No

If "Yes," what topic(s)? _____

To help us reduce our mailing expenses and to speed up the communication, would you be willing to receive information on upcoming events via e-mail? Yes No E-mail address: _____