

Osher Lifelong Learning Institute (OLLI) Fall 2007

Please print

Name: Dr./Mr./Mrs./Ms. _____
 Street: _____ City: _____ Zip Code: _____
 Day Phone: _____ E-mail: _____
 Emergency Contact: _____ Phone: _____

If you are a new OLLI member, please complete the information on the back of this form.

OLLI Course/Event Enrollment

Session 1

| Course #: | Title: |
|-----------|--------|
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Session 2

| Course #: | Title: |
|-----------|--------|
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Audit Course Enrollment

To audit a course not listed in this catalog, secure the instructor's signature or attach an e-mail from the instructor granting permission.

Course 1

Course Title _____ Dept. _____ Catalog NBR _____
 Class NBR _____ Day/Time _____ Bldg./Room _____
 Instructor's Permission (if applicable) Signature _____ Date _____

Course 2

Course Title _____ Dept. _____ Catalog NBR _____
 Class NBR _____ Day/Time _____ Bldg./Room _____
 Instructor's Permission (if applicable) Signature _____ Date _____

Alternate or Course 3

Course Title _____ Dept. _____ Catalog NBR _____
 Class NBR _____ Day/Time _____ Bldg./Room _____
 Instructor's Permission (if applicable) Signature _____ Date _____

Total Due and Payment Information Please indicate your membership level and the payment amount.

Full Membership

_____ Annual Membership (fall, spring, summer) \$180 _____
 _____ Annual Membership first installment \$100 _____
 _____ Annual Membership second installment \$80 _____
 _____ Term (fall only) \$100 _____

Associate Membership

\$45
 (includes one audit course)
 Plus additional audit courses at \$45/course + _____
Total \$ _____

Adjustments to Membership

Less 10 percent discount (select one)
 _____ Couples discount - _____
 _____ Other discount (discount code _____) - _____
 Plus additional audit courses
 _____ additional audit courses at \$25 each + _____

Additional Fees

_____ Wine Appreciation (\$35) + _____

Total Payment Enclosed

_____ \$ _____
 _____ Donation to OLLI \$ _____
 (Your tax-deductible donation will support upcoming activities.)

Method of Payment

_____ Check, payable to University of Pittsburgh
 _____ Visa _____ MasterCard
 Card Number _____
 Expiration Date _____
 Signature _____

Join Us for an Open House

**Tuesday, July 24 or Wednesday, August 8
10–11:30 a.m.**

Information sessions at 10 and 10:45 a.m.

Fourth Floor, Cathedral of Learning

Learn the many benefits of Osher Lifelong Learning Institute (OLLI) membership.

- Meet some OLLI faculty.
- Visit with current members.
- Become a member and register for courses.

RSVP by calling 412-624-7308, or e-mail us at learnnow@pitt.edu.



Learning and enrichment through the liberal arts

Welcome to the Osher Lifelong Learning Institute (OLLI). We're delighted to have you as a member. If you are a new member, please tell us about yourself.

Are you retired? Yes No

Are you a Pitt alumnus/alumna? Yes No

What is your highest level of education completed?

High School Some College/Postsecondary Education

College Graduate Graduate Degree

What was/is your profession? _____

How did you hear about OLLI?

Postcard Web Site E-mail Friend

Other _____

Please provide the following information needed to issue your photo identification and computer account.

Birth Date _____

Social Security # _____-_____-_____

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University of Pittsburgh

Osher Lifelong Learning Institute

*College of General Studies
Fourth Floor, Cathedral of Learning
4200 Fifth Avenue
Pittsburgh, PA 15260*

www.cgs.pitt.edu/osher

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