REGISTRATION FORM

| TERM: | |
|-------|--|
|-------|--|

Note: processing of paper registration forms will be delayed until one week after registration opens.

| Name | | Email | | | | | | | | | |
|---|------------------------|---|------------|-------------------------|------------------|--|-----------|----------------|--|--|--|
| Street Address City | | | Cell Phone | | | | | | | | |
| | | | | | | | Emergency | Contact Name: | | | |
| | | | | | | | Emergency | Contact Phone: | | | |
| | 1 | I | | | I | | | | | | |
| Course ID | Willing to be OA | Course Title: Please include at least the first three words | | | Materials Fee | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Mail to: Osher at Carnegie Mellon 4614 Wean Hall 5000 Forbes Ave. Pittsburgh, PA 15213 | | | | Total Material Fee(s) | | | | | | | |
| | | | | Member Registration Fee | \$60 | | | | | | |
| | | | | Donation | | | | | | | |
| ☐ Check Number: Payable to "Osher at Carnegie Mellon" | | | | Total Payment | | | | | | | |
| | | | | | | | | | | | |
| □ VISA □ Ma | asterCard 🗆 | American Express | | | | | | | | | |
| Cardholder Nar | ne (PLEASE PF | RINT) | | | | | | | | | |
| Expiration Date | e/ | CVV Code | | | | | | | | | |
| Card Number _ | | | | | | | | | | | |