

OSHER LLI AT FAU JUPITER – SPRING 2019 REGISTRATION

ID NUMBER: _____

Female Male

First Name _____ M.I. _____

Last Name _____

Email _____

Occupation (now or before retirement) _____

License Plate # _____ Plate State _____

Signature – I acknowledge my vehicle information is correct _____

FLORIDA ADDRESS:

Street _____

Apt. or Suite Number _____

City _____

FL
State _____ Zip Code _____

Phone _____

Community Name _____

NORTHERN ADDRESS:

Street _____

Apt. or Suite Number _____

City _____

State _____ Zip Code _____

Phone _____

FOR OFFICE USE ONLY — Received at Jupiter Campus:	
Date: _____	Time: _____
By: _____	
<input type="checkbox"/> Mail <input type="checkbox"/> Walk-in <input type="checkbox"/> Other	
<input type="checkbox"/> U. Ticket Given	
Front-Desk Only	
Data-Processing Only	

ONE-TIME LECTURES

Code	Instructor	Member	Non-Member
SIW1	Dramawise	\$20 <input type="checkbox"/>	\$20 <input type="checkbox"/>
SIW7	Dramawise	\$20 <input type="checkbox"/>	\$20 <input type="checkbox"/>
SIW4	Fewkes	CLOSED	
SIR2	LUNAFEST®	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>
SIT1	McNeal, Baganz, Doane, and Goldey	\$20 <input type="checkbox"/>	\$20 <input type="checkbox"/>
SIM1	Ellis	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIW2	Aharoni	CLOSED	
SIT2	Poulson	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIT3	Williamson	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIT4	Richman	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIT5	Galman	CANCELLED	
SIW3	Hagood	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIR1	Marcus	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIF1	Uryvayeva Martin	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIU1	National Theatre Live	\$20 <input type="checkbox"/>	\$20 <input type="checkbox"/>
SIT6	Aumen	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIT7	Kowel	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIT8	Lamp	CANCELLED	
SIW5	Atkins	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIR3	Noble	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIR4	Stern-Lashinsky	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIS1	Kothari	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIW6	Atkins	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIW8	Luo, Jaffé and Lan	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIR5	Johnson and Zabriskie	CLOSED	
SIR6	The Bolshoi Ballet	\$20 <input type="checkbox"/>	\$20 <input type="checkbox"/>
SIT9	Nayak, Schaefer and Dickens	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIT0	Sullivan	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIM2	Feinman	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SIS2	National Theatre Live	\$20 <input type="checkbox"/>	\$20 <input type="checkbox"/>
SIM3	Rabil	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>

4- AND 6-WEEK COURSES

MONDAYS			
Code	Instructor	Member	Non-Member
S4M1	Rabil	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>
S4M2	Offenkrantz	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>
S6M3	Hagood (Full 6 Weeks)	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
S4M4	Hagood (First 4 Weeks)	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>
S6M5	Nikolopoulos	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
S6M6	Stone (Full 6 Weeks)	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
S4M7	Stone (First 4 Weeks)	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>
TUESDAYS			
S6T1	Muldoon (Full 6 Weeks)	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
S4T2	Muldoon (First 4 Weeks)	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>
WEDNESDAYS			
S6W1X	Morton (Annex - a.m.)	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
S6W2X	Morton (Annex - p.m.)	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
THURSDAYS			
S6R1	Labovitz (Full 6 Weeks)	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
S4R2	Labovitz (First 4 Weeks)	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>
FRIDAYS			
S6F1	Cerabino (Full 6 Weeks)	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
S4F2	Cerabino (First 4 Weeks)	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>
S6F3	Lawrence (Full 6 Weeks)	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
S4F4	Lawrence (First 4 Weeks)	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>
S6F5	Rakower (Full 6 Weeks)	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
S4F6	Rakower (First 4 Weeks)	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>
S6F7	Morton (Pre-Recorded)	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>
SUMMER COURSES			
Code	Instructor	Member	Non-Member
SUF1	Cerabino	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SUW2	Dramawise	\$20 <input type="checkbox"/>	\$20 <input type="checkbox"/>
SUR2	Marcus	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>
SUM1	BY Experience	\$20 <input type="checkbox"/>	\$20 <input type="checkbox"/>
SUW1	Wednesdays – Lawrence	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>
SUT1	Tuesdays – Muldoon	\$80 <input type="checkbox"/>	\$110 <input type="checkbox"/>
SUR1	Thursdays – Rakower	\$60 <input type="checkbox"/>	\$85 <input type="checkbox"/>

SUB-TOTAL FROM COLUMN 1 \$ _____ SUB-TOTAL FROM COLUMN 2 \$ _____

TOTAL FOR LECTURES & COURSES (from the two columns above) \$ _____

\$60 Membership Fee (if due) \$ _____

University Fee: \$20 for 6 and 8 Weeks *or* \$10 for 4 Weeks
 Required per Student for Multi-Week Courses \$ _____

Summer University Fee: \$7 for summer Multi-Week Courses \$ _____

\$5 Additional Fee if purchasing same day as lecture \$ _____

\$2 One-day parking permit \$ _____

TOTAL PAYMENT \$ _____

- In August, mail my Fall 2019 catalog to my Florida address
- In August, mail my Fall 2019 catalog to my northern address
- Do not mail my receipt (Go Paperless/electronic receipt only)
- Hold my parking permit at the Osher LLI office

MAIL THIS FORM TO:
 FAU LLI, 5353 Parkside Drive, PA-134
 Jupiter, FL 33458-2906

Check Number: _____ Payable to FAU/LLI

VISA Mastercard American Express

_____ - _____ - _____

Card Number _____

Expiration Date (mm/yy) _____ Security Code (CSC) _____

Print Name on Card _____

Signature — I agree to the terms set forth by LLI and stated herein _____