

REGISTRATION FORM

•Please fill out and send entire form with payment•

SILIR REGISTRATION FORM (PLEASE FILL IN YOUR NAME AND ADDRESS.)

First Name _____ Last Name _____

First Name _____ Last Name _____

Street _____

City _____ State _____ Zip Code _____

Day Phone Number _____ Cell Phone _____

*E-mail Address _____

NEW MEMBERS: How did you hear about us? Friend Newspaper Social Media/Online Radio/TV

If you are registering more than yourself for a class/trip, please list the name(s) of the SILIR member you are registering.

Name: _____ (23W0901901) **FY23 Membership Dues**\$25 x ____ = ____

Addtl. Name: _____ (23W0901901) **(July 1, 2022 — June 30, 2023)**

INTEREST GROUPS — July 1, 2022—June 30, 2023

Name: _____ (23W0901902) Monthly Musicals\$10 x ____ = ____

Name: _____ (23W0901904) Book Study Group\$10 x ____ = ____

Name: _____ (23W0901905) Lunch Discussion Group\$10 x ____ = ____

SESSION I COURSES — September 12-October 13, 2022

Name: _____ (23W0901910) Films from Short Stories\$10 x ____ = ____

Name: _____ (23W0901911) History of Colonial America\$10 x ____ = ____

Name: _____ (23W0901912) History of English Language\$10 x ____ = ____

Name: _____ (23W0901913) Film and Television\$10 x ____ = ____

SESSION I COURSES — October 17-November 18, 2022

Name: _____ (23W0901914) Piano Recitals\$10 x ____ = ____

Name: _____ (23W0901915) 2022 Mid-term Elections in IL\$10 x ____ = ____

Name: _____ (23W0901916) The Surveillance State\$10 x ____ = ____

Name: _____ (23W0901917) Homebrewing\$10 x ____ = ____

Name: _____ (23W0901918) Geography/AV Multiverse\$10 x ____ = ____

TOTAL: \$ _____

LEARNING IN RETIREMENT PROGRAM WAIVER DISCLAIMER: Most SILIR activities require very little mobility. When an activity requires traveling up to 1 mile or more or navigating 10 steps or more, or involves longer waiting or standing times, we will alert you so that you may choose wisely.

Signature _____ Date _____

My signature confirms that I have read and understand the activity level of any trip sponsored by Learning in Retirement and accept the risks and conditions of the trip. I am aware that some trips may encounter rough terrain and closed-toe shoes will aid in maintaining my safety.

Please submit a check payable to "SIU Carbondale" or credit card information below.

Credit Card Number _____ Exp. _____

Name on Card _____ CVC _____

Email (for receipt): _____

**Mail to: Conference & Scheduling Services
Student Center - Mail Code 6705
Carbondale, IL 62901**

**or call Registration at 618-536-7751 to
register with your credit card.**