

Registration

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

I am a member of OLLI at Iowa.

I am not yet a member, but my \$15 annual membership fee (per person) is enclosed.

Please mail registration card and check made payable to OLLI at Iowa to:

OLLI at Iowa
 UI Center on Aging
 2159 Westlawn
 Iowa City, IA 52242

Please register at least one week prior to class start date.

Course Name	Dates	Cost	Host*
<input type="checkbox"/> Wines of Iowa II	All Sessions	\$225	
<input type="radio"/> From the Beginning	5/28	\$50	
<input type="radio"/> Frosty Twist	6/4	\$50	
<input type="radio"/> Family Legacies	6/11	\$50	
<input type="radio"/> Wine Masterpiece	6/18	\$50	
<input type="radio"/> Grape Wine Adventure	6/25	\$50	
<input type="checkbox"/> Shakespeare: Winter's Tale	6/26	\$60	
<input type="checkbox"/> Shakespeare: Comedy of Errors	7/12	\$60	
<input type="checkbox"/> Lunch & Learn			
<input type="radio"/> Inside Winter's Tale	6/17	\$10	<input type="checkbox"/>
<input type="radio"/> Get Jazzed!	7/1	\$10	<input type="checkbox"/>
<input type="radio"/> The Water You Drink	7/15	\$10	<input type="checkbox"/>
<input type="radio"/> Lincoln's Grandchildren	7/29	\$10	<input type="checkbox"/>
<input type="checkbox"/> Wednesday Nights at the Lab			
<input type="radio"/> Not Your Average Beaker	7/2	\$5	<input type="checkbox"/>
<input type="radio"/> Orthopaedic Biomechanics	7/9	\$5	<input type="checkbox"/>
<input type="radio"/> Customized Creations	7/16	\$5	<input type="checkbox"/>
<input type="radio"/> Discovering Your Ori"genes"	7/23	\$5	<input type="checkbox"/>
<input type="checkbox"/> Thinkin' With Lincoln	8/5	\$100	
2 people		\$175	
<input type="checkbox"/> Membership		\$15	

Total: _____