TUFTS

Osher Lifelong Learning Institute Study Group Registration Form

Please Print

Term: Spring I	FallSumme	rWinter	New Member (complete membership application also)	Returning Member	
Date			application also)		
Name					
Address					
City		State	Ziţ	Code	
Telephone		Email Addr	ess		
In case of medical emerge	ency, whom show	uld we call? Ple	ase list both medical and pers	onal contacts.	
1. Medical (name & tel)				
2. Personal (name & tel)				
Fall and Spring: Choose Winter and Summer: Ple	, ,				
1.					
2					
3.					
4					
Please list 2 alternatives i	, ,	. , ,	ìlled.		
\$100 for one study group;	\$130 for two; \$	\$160 for three; a	fee covers two classes per ter nd \$175 for all four. The cost embership fee of \$25 is also re	of the two-session Saturday	
Tuition: \$	\$ 25 (covers Ju	ıly 1 through Ju	ne 30 of each year)		
TOTAL payment:	\$	-			
Please make your check p	ayable to:	Trustees of	Tufts College		
Mail completed form and payment to:		Osher Lifel 039 Carmic	rilyn Blumsack, Director Ier Lifelong Learning Institute at Tufts Carmichael Hall dford, MA 02155		

You can reach Osher at 617-627-5885 or OsherLLI@tufts.edu. Please note: There may be additional fees for books and materials. Books may be borrowed from the University or public libraries.