



Five College Learning in Retirement

SEMINAR REGISTRATION FORM – FALL 2018

COMPLETED REGISTRATIONS RECEIVED BY FRIDAY, **MAY 18, 2018**
WILL BE ELIGIBLE FOR THE LOTTERY.

Registrations received after this date will be added on a space-available basis, or to waiting lists.

YOUR NAME _____	DATE ____/____/____
E-MAIL _____	PHONE ____-____-____

SPECIAL REQUEST TO AUDIT THIS SEMESTER:
 Application is limited to full members of 5CLIR who have participated in seminars for at least 4 years, but are currently unable to continue actively participating, but wish to audit classes.
 Please enroll me as an auditor this semester _____ (initials).

ENTER THE **TOTAL NUMBER OF SEMINARS AND WORKSHOPS** YOU WISH TO TAKE:

LIST YOUR CHOICES **IN ORDER OF PREFERENCE:**

COURSE #	SEMINAR/WORKSHOP NAME
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1		
2		
3		
4		
5		
6		

I WISH TO CO-REGISTER FOR MY FIRST-CHOICE SEMINAR with another LIR member.
 THAT PERSON'S NAME: _____

- The class must be BOTH members' FIRST CHOICE.
- Each individual co-registrant must submit a separate registration form, and state the name of the person with whom they wish to co-register.

SEND YOUR COMPLETED REGISTRATION FORM TO:

5CLIR, 18 Henshaw Avenue, C2, Smith College, Northampton, MA 01063

OR REGISTER ONLINE AT: www.5CLIR.org/programs