L.I.F.E.—Learning is ForEver

Registration Form

Name of Registrant_____
Mailing Address_____
City, State, Zip_____
Phone_____ (required for registration)
Email_____

Course Title	Section #/ Location	Beginning Date	Fee
		TOTAL AMOUNT DUE =	

Make Checks Payable to: The Department of Aging
Complete the registration form and mail to: Department of Aging–L.I.F.E. Program
Attention: Alice Allen, Division Manager
P.O. Box 653, Leonardtown, MD 20650

Registrar Use Only
Date:_____ Time:_____ Initials:_____AIM Verification_____
Method of Payment: Cash_____ Check #:_____
Amount Paid:_____ Notes:_____