

~ Registration Information 2009 Fall Term ~

Tuition fees are required at the time of registration and annual membership must be current.

Please mail the registration form and check or credit card information to:
Acadia Senior College, Registrar, PO Box 175, Hulls Cove, ME 04644

Please use a SEPARATE FORM for each person. **Additional forms are available on our website:**
www.acadiaseniorcollege.org

Fall 2009 - Registration July 2 - July 30, 2009

Student Name (Last-name, First-name)	Are you over 50, or a partner or spouse of an ASC member who is over 50? Yes or No
Mailing Address	City, State, Zip-code
Telephone	E-mail Address

Please indicate choices:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol and Drug Abuse | <input type="checkbox"/> Revisiting T.S. Eliot: Selected Poems |
| <input type="checkbox"/> American History – Prehistory to 1783 | <input type="checkbox"/> The Norse in Greenland and North America |
| <input type="checkbox"/> Bel Canto Yields to Verdi | <input type="checkbox"/> The Simple Art of Murder |
| <input type="checkbox"/> Chaucer: The Canterbury Tales | <input type="checkbox"/> The Trial of God, by Elie Wiesel |
| <input type="checkbox"/> Intro to Improvisation | <input type="checkbox"/> What Would Lincoln Do? Lincoln's Shadow |
| <input type="checkbox"/> Introduction to Islam | <input type="checkbox"/> Women and Ancient Mythology |
| <input type="checkbox"/> Line Dancing | <input type="checkbox"/> Wordsworth's Poetry |
| <input type="checkbox"/> Mount Desert Island Geology Field Trips | <input type="checkbox"/> Decoding Russian (and Russia) 2 |

Tuition Fee: \$ _____ [\$60 for the first course per term, and \$25 for each additional course per term.]

Membership Fee \$ _____ [\$30, if you are not already a 2009/2010 member; \$80 for a 3-year membership]

Total payment \$ _____ [Tuition fee includes cost of reading and other course materials.]

Credit Card Holder Name	<input type="checkbox"/> MC <input type="checkbox"/> VISA
Credit Card Number	Expiration Date

Section Completed by ASC Office Primax Auth. Number:	Processed by:	Date processed: __ / __ / __
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