

Adult Education Class Registration Form

Class is subject to our policies. Please visit class registration policies prior to submitting your registration.
http://www.chicagobotanic.org/education/registration_policies

Please Type or Print.

Name (Mr., Mrs., Ms., Dr. please circle one) _____

Job Title _____

Organization/Business _____

Address _____

City/State Zip _____

Daytime Phone _____ Evening Phone _____

E-mail _____

Membership Number _____

Payment Method

Check (Make checks payable to the Chicago Botanic Garden)

American Express Discover Visa MasterCard

Card no. _____ Expiration Date _____

Signature _____

Please copy this form for multiple registrations. If you are registering for multiple people, please list their names.

Class Title	Date	Price	Quantity	Fee

Total Fee \$ _____

Mail Payment and Form to:
Adult Education Registrar, 1000 Lake Cook Road, Glencoe, IL 60022.