

2008 WELLNESS/LIFESTYLE PROGRAMS REGISTRATION

REGISTRATION POLICY

Lifestyle course fees are nonrefundable, and may not be deferred or prorated. Instructor permission must be obtained for make-up classes, depending on availability.

Lifestyle phone line: (847) 835-6880

LIFESTYLE COURSES

Registrations must be accompanied by full payment. Preferred enrollment is offered to Garden members. Members may register for single or consecutive season courses at any time.

Nonmembers may only register for current season courses during open enrollment.

Submission of the registration form is not a guarantee of reservation. Registrants will receive a confirmation notice when their registration is processed. If you register less than one week prior to the course start date, you may not receive a confirmation notice.

You will be notified by phone if a course is cancelled due to low enrollment. Courses cancelled by the Garden due to low enrollment are refunded automatically. Registrations may be

accepted after a course has begun if space permits and only with permission of the instructor.

HOW TO REGISTER

Online registration is available at www.chicagobotanic.org/lifestyle

Mail completed registration forms and payments to: **Chicago Botanic Garden, Wellness Programs Registrar, 1000 Lake Cook Road, Glencoe, IL 60022**

Fax completed registration forms containing credit card information to: **(847) 242-6330**

Drop completed registration forms and payments at: Membership Desk or Information Desk in the Visitor Center

MEMBERSHIP SERVICES

As a member, you may register for any 2008 Lifestyle course at any time beginning December 1, 2007. Nonmember seasonal registration dates are as follows:

For Winter Courses: January 2, 2008
For Spring Courses: March 6, 2008
For Summer Courses: May 7, 2008
For Fall Courses: July 30, 2008

2008 WELLNESS/LIFESTYLE REGISTRATION FORM

One person per form. Duplicate as needed. Please print clearly – incomplete or illegible forms may delay processing.

FIRST NAME		LAST NAME	
ADDRESS			
CITY, STATE, ZIP			
HOME PHONE	WORK PHONE	CELL PHONE	
E-MAIL ADDRESS		MEMBER ID #	

Please indicate your class selection(s) including Course # below:

COURSE #	CLASS TITLE	SEASON/DAY	TIME	FEE

Check Enclosed (made payable to the Chicago Botanic Garden)

American Express Discover MasterCard Visa

CARD NUMBER	EXP. DATE
AUTHORIZATION # (the last 3 digits on back of card)	

NAME (as it appears on card)	SIGNATURE
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WAIVER OF CLAIMS

I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of participation in Lifestyle classes.

I further agree to waive and relinquish all claims I may have (or which accrue to me) against the Chicago Botanic Garden, including its officials, agents, volunteers, employees and instructors as a result of participating in these classes.

I have read and fully understand the above waiver and release of all claims. My online or fax signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPANT'S SIGNATURE REQUIRED