

# Adult Education Class Registration Form

## 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.