

Learn with SU *Spring 2012*

Mail-in Registration Card

NAME / PRIMARY CONTACT

ADDRESS

CITY

STATE

ZIP

PHONE (HOME)

PHONE (OTHER)

E-MAIL

Please choose one of the following:

My check is enclosed.

Please make all checks payable to

Salisbury University Foundation, Inc.

I would like to pay \$_____ by credit card.

Choose one: American Express Discover

MasterCard Visa

CARD NUMBER

EXPIRATION DATE

SECURITY NO.

SIGNATURE

Complete this form in its entirety for accurate record keeping.

Please return to:

Salisbury University Foundation, Inc.

1308 Camden Avenue, Salisbury, Maryland 21801

Salisbury
UNIVERSITY

For information e-mail learnwithsu@salisbury.edu

Choose your classes

Please indicate the number of individuals attending each class and the total amount.

ENJOYING POETRY

No Charge #Attending _____ Total \$ _____

GREAT BOOKS DISCUSSION GROUP

No Charge #Attending _____ Total \$ _____

BURLEY OAK BREWERY TOUR

\$15/Person #Attending _____ Total \$ _____

FRANKLIN P. PERDUE SCHOOL
OF BUSINESS TOUR

No Charge #Attending _____ Total \$ _____

DINNER THEATER AT POSSUM
POINT PLAYERS

\$40/Person #Attending _____ Total \$ _____

WOMEN REDEFINING AGING
IN THE 21ST CENTURY

No Charge #Attending _____ Total \$ _____

WASHINGTON, D.C., DAY TRIP

\$40/Person #Attending _____ Total \$ _____

HEALTHY U WALKING PROGRAM

No Charge #Attending _____ Total \$ _____

SU Location _____ Beach Location _____

Total Payment Enclosed: _____