



## **CLIR Registration Form:**

Registrant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Term(s): Winter \_\_\_\_\_ Spring \_\_\_\_\_ Fall \_\_\_\_\_

If registering for the first time, how did you hear about us?

\_\_\_\_\_

### **Cost & Payment:**

\$30 per term; please complete one registration per person.

Please make payment to "UConn/CLIR" and mail to:

Department of Extension/CLIR 1375 Storrs Rd Unit 4036 Storrs CT 06269