

## Adventures in Lifelong Learning – 2025-2026 Annual Membership & Parking Signup

Link to register - <https://continuingeducationuwp.regfox.com/fy26-all-membership-and-parking>

### MEMBERSHIP

1. Make sure the button next to membership is checked.

Membership*	<input checked="" type="radio"/> One ALL Membership   Individual (\$75.00)
	<input type="radio"/> No Membership, I just need a Parking Pass (\$0.00)

### PARKING

2. If you need a parking pass, check the Full Year Permit (\$58.44) button

PARKING	
Type of Parking Passes Needed*	<input checked="" type="radio"/> Full Year Permit (\$58.44) This permit would be good for an individual from July through June (our fiscal year)
	<input type="radio"/> No Permit Needed (\$0.00)

- a. If not, click the No Permit Needed (\$0.00) button
3. For those purchasing a parking pass, click how you want to receive it.
    - a. Pick up at PCE office (\$0.00) OR
    - b. Mailed to you (\$5.00)

How would you like to receive your parking permit?  
\*

- Pick up in PCE office (\$0.00)  
 Mailed to you (\$5.00)  
Includes postage cost

4. No coupon code is required (skip this step)

Coupon Code

APPLY

5. Review the total (it automatically adjusts based on whether you select a parking pass and/or mailing of passes).

**Total**

**\$133.44**

6. Review the cancellation policy and check the box agreeing to the terms and conditions.

Cancellation Policy\*

This membership is non-refundable.

I have read and agree to the terms above.

7. Click the dropdown arrow to choose your method of payment.

Method of Payment\*

(Choose One)

(Choose One)

Card

Check

## PERSONAL INFORMATION

8. Type in Legal First and Last Name

Legal Name*	First	Last
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### 9. OPTIONAL: Type in nickname details if you go by a name other than your legal name

Nickname	First	Last
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### 10. Type in your address details

Address*	United States of America		
	Street Address		
	City	State	ZIP Code

### 11. Type in your phone number

Phone Number*	
<input checked="" type="checkbox"/>	Yes, it's okay to send me text messages including confirmations, changes, updates, and/or promotions. Message frequency varies. Message and data rates may apply. Reply STOP to cancel. <a href="#">View our terms of service &amp; privacy policy.</a>

### 12. Type in your email address

Email*	Email Address
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### 13. Check which gender applies to you

Gender*	<input type="radio"/> Male
	<input type="radio"/> Female
This information is included in our annual state reporting and shared with the ALL Advisory Council to help guide and evaluate our programming. Please rest assured that it will remain confidential and will not be shared beyond these purposes.	

## OPTIONAL PERSONAL INFORMATION

### 14. OPTIONAL: Type in your birth month

Birthday Month	
If you choose to include your month of birth, we will include you in a monthly birthday announcement to the membership. It is optional to participate.	

## INTEREST

15. Check the boxes for the ALL Activities that you are interested in receiving notifications about (you can check more than one).

Please check the boxes next to the ALL activities you would like to participate in. This will ensure you are added to the contact list for ALL's various activities and focus groups so you can stay informed about upcoming meetings, events, and opportunities to get involved. (You can check more than one.)

ALL Activities (please check all that you are interested in)\*

- Classes
- Lectures
- Daytrips
- ALL-A-Bloom
- ALL Books All the Time
- Bridge (Social)
- Climate Group
- Current Affairs Discussion
- Duplicate Bridge
- Great Books
- Great Decisions
- Hiking Group
- Non-Fiction Book Club
- Poetry

## LIABILITY DISCLOSURE

16. Read through the liability disclosure that is required to be completed annually and turned into university risk management.

**Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment**

You can click on the title to view and/or print a copy of this agreement

<i>Description of Activity:</i>	Adventures in Lifelong Learning activities, including but not limited to: daytrips, classes, lectures, and social events
<i>Date / Location:</i>	July 1-June 30, 2026

I desire to participate voluntarily in the above-described activity at the University of Wisconsin-Parkside.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE ABOVE-NAMED UW-PARKSIDE REPRESENTATIVE.

17. After reading through the whole document
- a. check the box saying "I have read and agree to the terms above\*"
  - b. type in your full name in the box
  - c. type in today's date (format should be MM/DD/YYYY).

I have read and agree to the terms above\*

Please type your full name\*

Today's Date  
(MM/DD/YYYY)\*

## EMERGENCY CONTACT INFORMATION

18. Fill in the following details:
- Emergency contact's name
  - Emergency contact's phone
  - Emergency contact's address

**In the event of an emergency, please contact the following individual:**

Emergency Contact Name\*

Emergency Contact Phone\*

Emergency Contact Address\*

## IF PAYING BY CHECK, CONTINUE WITH STEPS BELOW (IF YOU'RE PAYING BY CREDIT CARD SKIP AHEAD TO BILLING AREA-CREDIT CARDS)

19a. Review information on how to make check payable, and where to send it. Then fill in the check number.

**Check Payment Instructions**

Please complete the billing information section below.

After submitting your registration make a check payable to **UWP/ALL**, note the event the payment is intended for, and mail it to:  
**UW-Parkside Professional and Continuing Education**  
**Attention:ALL**

Check Number: Please type in check number\*

19b. Check box to copy information previously entered

**Billing Information**

Copy Stefanie Stamper's information below

Email\*

Name\*

Payment Method  Check/Invoice

Address\*

19c. Click Submit button 

## BILLING AREA - Credit Cards

19. Click "Next Page" button



20. Check the "copy" button to have it auto-fill in any details you have already provided

Copy Stefanie Stamper's information below

Email\*

Name\*

Credit Card\*  

Address\*

21. Fill in your credit card information:
  - a. Card Number
  - b. Month (select from dropdown)
  - c. Year (select from dropdown)
  - d. CVV (type in three-digit code, typically found on back of credit card)
22. Click Submit button



23. Your confirmation screen will appear with all of the information you entered



## Your Registration Details Are Below

<b>Membership</b>	One ALL Membership   Individual	\$75.00
<b>Type of Parking Passes Needed</b>	No Permit Needed	
<b>How would you like to receive your parking permit?</b>	Pick up in PCE office	
<b>Cancellation Policy</b>	Yes	
<b>Method of Payment</b>	Check	
<b>Legal Name</b>	Stefanie Stamper	
<b>Address</b>	900 Wood Road, Kenosha, WI 53141 US	

**Phone Number** +12625953340

**Email** continuing.ed@uwp.edu

**Gender** Female

**Birthday Month** July

**ALL Activities (please check all that you are interested in)**

Classes

Lectures

Daytrips

**I have read and agree to the terms above**

Yes

**Please type your full name**

Stefanie Stamper

**Today's Date (MM/DD/YYYY)**

06/01/2025

**Emergency Contact Name**

Crista Kruse

**Emergency Contact Phone**

262-595-3340

**Emergency Contact Address**

900 Wood Road. Kenosha, WI  
53141

**Check Number: Please type in check number**

xxxx

 **PRINT CONFIRMATION**

 **RESEND CONFIRMATION**

## Billing Information

<b>Order Number</b>	FY26LLMMBRSHPY340001
<b>Date</b>	06/17/2025
<b>Name</b>	Stefanie Stamper
<b>Address</b>	900 Wood Road Kenosha, WI 53141 US
<b>Payment Method</b>	Check/Invoice
<b>Email</b>	continuing.ed@uwp.edu
<b>Total</b>	\$75.00

Your Annual ALL Membership is confirmed. Your membership is good through June 30, 2026.

From engaging classes and thought-provoking lectures to vibrant focus group communities, your ALL membership offers a variety of ways to stay active, curious, and connected. All details can be found on our ALL webpage: [www.uwp.edu/all](http://www.uwp.edu/all). Use the links below to explore each category—just click and go directly to the page for more information!

- **Classes** – Explore a variety of educational topics led by expert instructors. Each class comes with a flyer that includes a course description and instructor bio. Classes are **included with your membership** and most classes are offered in a **hybrid format**, so you can attend in person or participate online—whichever works best for you.
- **Lectures** – Enjoy **bi-weekly Friday lectures**, typically held on the first and third Fridays of each month at 2 pm. Lectures are **free with your membership** and are also available in a **hybrid format**.
- **Focus Groups** – Connect with fellow members who share your interests! These member-led groups cover a range of topics and are a great way to stay socially and intellectually engaged. Visit the page to find group descriptions and contact info for the leaders.
- **Daytrips** – While not the primary focus of our programming, daytrips remain a fun option. Some trips travel by coach bus departing from UWP, while others are “drive yourself” events to local destinations (within 30 miles). Flyers indicate the type of transportation.

We invite you to take full advantage of these offerings and make the most of your ALL membership!

Any questions, please reach out to us at [lifelonglearning@uwp.edu](mailto:lifelonglearning@uwp.edu) or 262-595-3340.

HERE IS A SAMPLE OF WHAT YOUR CONFIRMATION EMAIL WILL LOOK LIKE:

**From:** Adventures in Lifelong Learning <UniversityofWisconsinParkside-Professionalan@regfox.com>

**Sent:** Tuesday, June 17, 2025 2:18 PM

**To:** Continuing Education <continuing.ed@uwp.edu>

**Subject:** Confirmation-ALL Membership 2025-2026

\*External Email: Use caution responding, opening attachments, or clicking on links.\*

**Confirmation-ALL Membership 2025-2026**

## Your Registration Details Are Below

### Confirmation FY26LLMMBRSHPY340001

Membership	One ALL Membership   Individual	\$75.00
Type of Parking Passes Needed	No Permit Needed	
How would you like to receive your parking permit?	Pick up in PCE office	
Cancellation Policy	Yes	
Method of Payment	Check	
Legal Name	Stefanie Stamper	
Address	900 Wood Road Kenosha, WI 53141 US	

Phone Number	+12625953340
Email	<a href="mailto:continuing.ed@uwp.edu">continuing.ed@uwp.edu</a>
Gender	Female
Birthday Month	July
ALL Activities (please check all that you are interested in)	Classes
	Lectures
	Daytrips
I have read and agree to the terms above	Yes
Please type your full name	Stefanie Stamper
Today's Date (MM/DD/YYYY)	06/01/2025
Emergency Contact Name	Crista Kruse
Emergency Contact Phone	262-595-3340
Emergency Contact Address	900 Wood Road. Kenosha, WI 53141

Registrant ID

01JXZN76EF7TP2GHH9K

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## Billing Information

Name

Stefanie Stamper

Address

900 Wood Road  
Kenosha, WI 53141 US

Payment Instructions

Email

[continuing.ed@uwp.edu](mailto:continuing.ed@uwp.edu)

Date

Jun 17 2025

**Total \$75.00**

[View Receipt](#)