



Adventures in Lifelong Learning
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EVENT REGISTRATION FORM

Fee: Member \$_____ Guest \$_____

Event Name: _____ Date: _____

Name(s): _____ Check #: _____

Email: _____ Phone _____

If applicable: Please check how you will be attending: _____ In-Person **OR** _____ Online

Make checks payable to **UW-Parkside/ALL**.

Once your registration is received it will be entered into the system and you will receive a confirmation email. Then a few days before the event, you will receive an email reminder. *If there are any food choices and/or dietary restrictions, please make sure to list them on this sheet as well:* _____