



ICL Admission Form

Name _____ Date _____

Address _____

City/State/Zip _____

Home Phone (____)____-____ Cell Phone (____)____-____

Mobile Carrier (Verizon, T-Mobile, Sprint, etc.) We ask this in order to send you texts in emergency situations and for last minute class changes:

E-Mail _____

In case of emergency or illness please contact:

Name _____

Primary Phone (____)____-____ Cell Phone (____)____-____

Payment of the first year dues of **\$150.00** can be by check made payable to **ICLRU**, and mailed to:

Institute for Continued Learning at Roosevelt University
1400 N. Roosevelt Boulevard, Room 705
Schaumburg, Illinois 60173-4348

Or pay by credit card: ___ VISA ___ MasterCard ___ Discover ___ AmEX

Card # _____ Exp. Date: _____

Authorized Sign: _____+ Security Code: _____

NOTE: CHECK ICL OFFICE HOURS ON THE ICL WEB SITE IF YOU PLAN TO DELIVER IN PERSON (www.iclru.org)

Please See the Next Page

Would you like us to send information about ICL to a friend?
If yes, please fill in his/her name and address below, or email it to officemanager@iclru.org.

Photographs and Video

- ICL reserves the right to take photographs or videos during the operation of any program and to use them, whether taken by a representative of ICL or by other participants, for promotional purposes.
- By enrolling in an ICL program, participants agree to allow their images to be used in such photography.
- Participants who prefer that their images not be used are asked to communicate this to the photographer or videographer on site so that arrangements can be made to locate the participant outside of the range of camera equipment