

Enrollment Form – Fall 2017

Please complete and return this form on or before Wednesday, September 13, 2017. Classes are formed at the end of the week; you should receive your class schedule then or early in the following week. You may register for one, two, or three courses, plus an alternative course. If you register for three courses and an alternate selection, you will be enrolled in two courses, and in three courses **on a space available basis**. If you request a certain class and it is filled, you may request to be put on a waiting list. It is important that you indicate your choices for seminars in order of preference, beginning with #1 as your first choice. Please call the executive director with any questions at 617-523-0970 or email her at beaconhillseminars@verizon.net.

First seminar: _____

Second seminar: _____

Third seminar: _____

Alternative seminar: _____

If you are new to BHS, please fill out the New Member Application on page 32. Returning and new members must complete the information below.

Name _____

Address _____ Unit _____

City _____ State _____ Zip _____

Phone _____

Email _____

Emergency contact name and phone number

Optional: physician contact name and phone number

Payment

Annual membership dues: \$200 (required)* \$ _____

Fall semester registration fee: \$100 \$ _____

Spring semester registration fee: \$100 \$ _____

Tax-deductible contribution \$ _____

Total (payable to Beacon Hill Seminars) \$ _____

Please complete the information and return by September 13 to:

Beacon Hill Seminars | 121 Mt. Vernon Street | Boston, MA 02108
**or print out registration forms online at www.beaconhillseminars.org
and mail with your check.**

*Membership in BHS is required for seminar participation.