

Registration for 8-week program: October 2 to November 20, 2019 PLEASE PRINT INFORMATION \$30 Registration Fee Enclosed Name _____ Address_____ Cheque payable to: Learning Unlimited (Oxford) City/Town _____ Postal Code ______Phone No. 519 _____ Email:____ LEARNING UNLIMITED (OXFORD) Would you be willing to receive your brochure by email? Box 20101 Yes No Woodstock, Ontario N4S 8X8 For further information telephone: Do you plan to stay for dinner? Regularly \square Occasionally \square John R. Smith at 519-537-6008 Are you willing to introduce a speaker? Yes \square No \square Are you willing to thank a speaker? Yes \(\Bar{\text{No}} \) No \(\Bar{\text{No}} \) a.m. ____ p.m. ___ Louise Alexander at 519-469-3094 Do you have your name tag at home? \square Yes \square No Are you a new member? Yes \square No \square