



Living Healthy Series Registration Form

Today's Date _____

Name _____

Address _____

Phone _____ Email (optional) _____

<input type="checkbox"/>	I will attend all nine sessions	\$35.00
I will attend the following individual sessions:		
<input type="checkbox"/>	Sept. 4 – Who's Responsible for your health?	\$5.00
<input type="checkbox"/>	Oct. 2 – Common Sadness or Clinical Depression	\$5.00
<input type="checkbox"/>	Nov. 6 – Find Your Freedom	\$5.00
<input type="checkbox"/>	Dec. 4 – Is Your House Killing You?	\$5.00
<input type="checkbox"/>	Jan. 8 – Can I Prevent Diabetes?	\$5.00
<input type="checkbox"/>	Feb. 5 – Everyone CAN Exercise	\$5.00
<input type="checkbox"/>	Mar. 5 – Looking for the Fountain of Youth?	\$5.00
<input type="checkbox"/>	Apr. 2 – Am I at Risk for Stroke?	\$5.00
<input type="checkbox"/>	May. 7 – The Greatest Gift	\$5.00

Total _____

Checks can be made payable to the **University of Illinois**.
Send the completed registration form along with your check to:

**Library of the Health Sciences
University of Illinois College of Medicine at Peoria
PO Box 1649
One Illini Drive
Peoria Il, 61656**

Please tell us how did you heard about Living Healthy?

- ___ Internet
- ___ Newspaper
- ___ Radio
- ___ TV
- ___ Word of Mouth