

# Waverly Community Retirement Planning Workshop Registration Form

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Registration for the following at \$10 per session:

\_\_\_\_\_ Session 1: January 30, 2009 – *How to Thrive in Life's Second Half*

\_\_\_\_\_ Session 2: February 13, 2009 – *The Times of Our Lives*

\_\_\_\_\_ Session 3: February 27, 2009 – *To Move or Not to Move?*

\_\_\_\_\_ Session 4: March 13, 2009 – *65 and New to Medicare?*

\_\_\_\_\_ Session 5: March 27, 2009 – *The Retirement Red Zone*

\_\_\_\_\_ Session 6: April 10, 2009 – *Getting Things Straight*

\_\_\_\_\_ Session 7: April 24, 2009 – *Time on Your Hands?*

**PLEASE MARK APPROPRIATE REGISTRATION FEE:**

Attendance at selected sessions r \$ 10 per session = \_\_\_\_\_

Attendance at ALL sessions r \$ 50

Family Rate: Registrant + Spouse / ALL sessions r \$ 70

**PAYMENT METHOD:** Check or Money Order payable to: **Bartels Lutheran Retirement Community.**

Please check appropriate box: r Check r Money Order r VISA r MasterCard

Expiration Date: \_\_\_\_\_

Card #: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_

**Please mail or fax completed registration form with payment to:**

**Bartels Lutheran Retirement Community**

**Barb Bridges / VP Development**

**1922-5<sup>th</sup> Ave NW**

**Waverly, Iowa 50677**

**Phone: (319) 352-4540 / Fax: (319)-352-2161**

**Email: [bbridges@bartelscommunity.org](mailto:bbridges@bartelscommunity.org)**