

## REGISTRATION DATES & TIMES

### CLASS FEES:

- Class fees are from \$9 - \$16 depending on number of sessions and total class hours.
- Some classes require a material fee to be paid at time of registration.
- One child 12 or under free when attending the same class with a paid adult (½ price with a UMKC Student).
- Senior citizens (65 and up) and UMKC Faculty & Staff receive the early bird price whenever they register.
- FREE FOR UMKC STUDENTS\* (UMKC Students must still pay material fees)

Early Bird Prices begin when you pick up a catalog and continue through January 23<sup>rd</sup>

Save \$1 off first class and \$2 off subsequent classes  
Office Closed: Martin Luther King's Birthday—January 19; Memorial Day—May 25

### WE OFFER 5 WAYS TO REGISTER:

#### 1) By Mail

(checks or Visa/Mastercard/Discover)

Begins when you find a catalog—Mail to:

**Communiversity: 5327 Holmes, KCMO, 64110**

Make checks out to Communiversity.

Mail processed on a first come, first served basis. You will be notified only in the event of a class change or if the class is full.

#### 2) In-Person

(currency, checks or Visa/Mastercard/Discover)

##### Sign-up Party Specials—

Tuesday, January 20<sup>th</sup>, 6:00-8:00 PM at The Writers Place, 3607 Pennsylvania, KCMO. The registration fee of \$2 is waived and you still receive the early bird discount. (details on p. 35)

##### Regular Registration Hours—begins weekdays,

Monday, January 12<sup>th</sup>; 10:00 AM - 5:00 PM; Communiversity Office, 5327 Holmes, 2nd floor.

#### 3) By Phone

(Visa/Mastercard/Discover)

##### Regular Registration Hours: begins weekdays,

Monday, January 12<sup>th</sup>, from 10:00 AM - 5:00 PM,

##### Call 816-235-1448; only Visa/Mastercard/Discover

accepted. Please have credit card number and expiration date handy when you call. Confirmation of your registration is at the time you call. Hearing Impaired: Call 1-800-735-2966 TT; 1-800-735-2466 (voice)

#### 4) By Fax—24/7

(Visa/Mastercard/Discover)

Begins when you find a catalog. Fax your completed registration form with Visa/Master/Discover card info to 816-235-5612, 24 hours every day. You will be notified only in the event of a class change or if it's full.

#### 5) Online—24/7

(Visa/Mastercard/Discover)

**NEW** Register and pay online anytime at: [www.umkc.edu/commu](http://www.umkc.edu/commu).

#### Refund policy

Cash refunds are not issued unless Communiversity or the Convener cancels the class. Letters of credit can be issued if you cancel 5 working days before the class. Material fees will be refunded only if you cancel 10 working days before a scheduled class.

## REGISTRATION FORMS

Mail to: Communiversity, 5327 Holmes, KCMO 64110

Name \_\_\_\_\_ \_\_New Address  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Day (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Night (\_\_\_\_\_) \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 VS \_\_MC\_\_DC\_\_ #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp.Date \_\_\_\_/\_\_\_\_

Course #	Course Title	Class Fees
1)		
2)		
3)		
4)		
5)		

I am presently a UMKC Student (Pay ONLY material fees)  
 Student ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 I am interested in volunteering  
 I am interested in teaching  
 Subject: \_\_\_\_\_

Class Fee Total	
Donation (tax deductible and greatly appreciated)	
Registration Fee (due once per person per catalog)	\$2.00
Total Sent	

**COMMUNIVERSITY LIABILITY WAIVER (Must Sign to Register)**  
 I understand that Communiversity is not an academic program of the University of Missouri-Kansas City. Its conveners are not employees of Communiversity or UMKC. Communiversity makes no representation as to, nor is responsible for, class content, manner of presentation, time or location. The undersigned releases the Curators of the University of Missouri and Communiversity staff from any liability for personal injury or property damage sustained while attending or otherwise being involved with classes offered through Communiversity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please use one form for each person you are registering

Name \_\_\_\_\_ \_\_New Address  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Day (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Night (\_\_\_\_\_) \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 VS \_\_MC\_\_DC\_\_ #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp.Date \_\_\_\_/\_\_\_\_

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