



University of California  
San Francisco

UCSF Osher Center for Integrative Medicine

# Mini Medical School for the Public

## 2017 Fall Registration Form

PLEASE CHECK EACH COURSE YOU WOULD LIKE TO ATTEND:

- MLL18001 THE CARE OF VULNERABLE PATIENTS: Partnering to Achieve Health Equity** - 7 sessions from October 17 Parnassus Campus
- MLL18002 EDUCATING PHYSICIANS FOR THE 21ST CENTURY: How UCSF is Advancing Medical Education to Meet the Needs of Future Patients** - 6 sessions from October 18 Parnassus Campus
- MLL18003 PERSONALIZED MEDICINE POWERED BY PRECISION IMAGING** - 6 sessions from October 12 Parnassus Campus

Further information and the schedule is available at <http://osherminimed.ucsf.edu>

### REGISTRATION RATES

SINGLE COURSE	<b>\$60</b>	- Regularly \$75
TWO COURSES	<b>\$100</b>	- Regularly \$130
THREE COURSES	<b>\$140</b>	- Regularly \$185
STUDENTS	<b>\$30</b>	- Per Series

- (Please bring your student ID for verification to the course)

Dr.  Mr.  Mrs.  Ms

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / XX (to help us identify you)  
MM DD

Name \_\_\_\_\_  
Last First Middle Initial

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

You may pay by check or credit card and **mail** or **fax** your enrollment form(s) to:

**UCSF Osher Mini Medical School**  
**3333 California Street, Suite 450**  
**Box 0742**  
**San Francisco, CA 94143-0742**  
**FAX: (415) 502-1795**

Please make checks payable to "UC Regents"

Charge to:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Total Fees:** \_\_\_\_\_ **Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Refund Policy:** Cancellations received in writing before the first day of the course will be refunded. No refunds will be made on cancellations received after that date.