**2018 Spring Registration Form**

*Please check each course you would like to attend:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Title** | **Dates** | **Location** |
| [ ]  MLL18021Tuesday | Aging Bones: Understanding Fractures, Healing, and Repair | 6 weekly sessions starting May 15 | UCSF Parnassus Room: HSW 300 |
| [ ]  MLL18023Thursday | Aging, Activity, and Community: The Science Behind Function and Social Connections in Older Age | 6 weekly sessions starting May 17 | UCSF ParnassusRoom: N-225 |

*For a full schedule and details about each course, visit* [*http://osherminimed.ucsf.edu*](http://osherminimed.ucsf.edu)*.*

**Enrollment Fees**

 One Course $75

 Two Courses $130

 Students $30 per series (Please bring your student ID to the course for verification.)

**Enrollment Information**

[ ]  Dr. [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Mx. Birthdate: \_\_\_\_\_\_/\_\_\_\_\_\_/XXXX

  MM DD To help us identify you in the system.

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

 Last First Degree(s), optional

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

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

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Check to opt out of mailings.

**Payment Information**

**By credit card** for $\_\_\_\_\_\_\_\_\_\_\_\_ : [ ]  Visa [ ]  Mastercard [ ]  American Express

 Total fees to charge.

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

 Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**By check:** Make your check payable to “UC Regents”.

Mail or fax your enrollment form(s) to: Or fax to: (415) 502-1795

 UCSF Osher Mini Medical School

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

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