**2018 Spring Registration Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Title** | **Dates** | **Location** |
| MLL18021  Tuesday | Aging Bones: Understanding Fractures, Healing, and Repair | 6 weekly sessions starting May 15 | UCSF Parnassus  Room: HSW 300 |
| MLL18023  Thursday | Aging, Activity, and Community: The Science Behind Function and Social Connections in Older Age | 6 weekly sessions starting May 17 | UCSF Parnassus  Room: 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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