

UCSF Osher Mini Medical School for the Public

Presented by the UCSF Osher Center for Integrative Medicine
2017 Spring Registration Form

PLEASE CHECK EACH COURSE YOU WOULD LIKE TO ATTEND:

- MLL17021 MOVE BETTER, FEEL BETTER:
WHAT CAN PHYSICAL THERAPY DO FOR YOU?** - 6 sessions from April 25 Parnassus Campus
- MLL17022 WILDERNESS MEDICINE: AVOIDING AND
MANAGING OUTDOOR MEDICAL EMERGENCIES** - 6 sessions from April 26 Parnassus Campus
- MLL17023 CONVERSATIONS WITH UCSF AUTHORS:
INSPIRATION AND EXPERTISE** - 6 sessions from April 27 Parnassus Campus
(no session May 4)

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

REGISTRATION RATES:

SINGLE COURSE	\$75		
TWO COURSES	\$130		
THREE COURSES	\$185		
STUDENTS	\$30	- Per Series	<i>(Please bring your student ID for verification to the course.)</i>

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.*