**2018 Winter Registration Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Title** | **Dates** | **Location** |
| [ ]  MLL18011Tuesday | The Science Behind Optimal Metabolic Health and Nutrition: Adding Years to Your Life and Life to Your Years | 6 weekly sessionsstarting 2/20/18 | UCSF Parnassus HSW-301 |
| [ ]  MLL18012Wednesday | Cycling to Health: How to Improve Wellness, Decrease Injury and Maximize Performance | 6 weekly sessionsstarting 2/21/18 | UCSF ParnassusN-225 |
| [ ]  MLL18013Thursday | Improving Function and Performance: Orthotics and Prosthetics | 6 weekly sessionsstarting 2/22/18 | UCSF ParnassusN-225 |

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

**“Friends Rate” Enrollment Fees**

 One Course $75

 Two Courses $130

 Three Courses $185

 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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