**2018 Winter Registration Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Title** | **Dates** | **Location** |
| MLL18011  Tuesday | The Science Behind Optimal Metabolic Health and Nutrition: Adding Years to Your Life and Life to Your Years | 6 weekly sessions  starting 2/20/18 | UCSF Parnassus  HSW-301 |
| MLL18012  Wednesday | Cycling to Health: How to Improve Wellness, Decrease Injury and Maximize Performance | 6 weekly sessions  starting 2/21/18 | UCSF Parnassus  N-225 |
| MLL18013  Thursday | Improving Function and Performance: Orthotics and Prosthetics | 6 weekly sessions  starting 2/22/18 | UCSF Parnassus  N-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.

3333 California Street, Suite 450

San Francisco, CA 94110