**2019 Winter EARLY Registration Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Title** | **Dates** | **Location** |
| MLL19012  Tuesday | Diabetes | 6 weekly sessions starting Feb. 13 | UCSF Parnassus |
| MLL19013  Thursday | Embracing Life Challenges:  Finding Balance through Integrative Mental Health Care | 6 weekly sessions starting Feb. 14 | UCSF Parnassus |

*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~~ $60

Two Courses ~~$130~~ $100

Students FREE with a valid Student ID required at check-in

**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 94118