

UCSF Osher Center for Integrative Medicine

Professional Development and Teacher Training in MBCP Application Form

HOW TO REGISTER

Online or via phone (credit card only):

Visit <http://www.osher.ucsf.edu> and click on Public Programs; or call 415.353.7718

In person or by mail:

We accept Visa, Mastercard, or checks payable to UC Regents. Do not send cash. A receipt will be mailed to you. Drop off or mail this form to: Class Registration, UCSF Osher Center for Integrative Medicine, 1545 Divisadero St., 4th Floor, San Francisco, CA 94115

PARTICIPANT INFORMATION

First Name _____ Last Name _____ MI _____ DOB _____ Sex _____

Address _____ City, State, Zip _____

Phone: Home () _____ Work () _____ Mobile () _____

Email address _____ Would you like to join our email list and receive monthly updates about upcoming classes and events? Yes No

How did you hear about this class? _____

Are you affiliated with UCSF? (Circle one.) UCSF Faculty UCSF Student UCSF Staff UCSF Alumni General Public

If you work at UCSF: UCSF Box _____ Department _____ Employee ID: _____

CLASS SELECTION

MBCP PDDT Application Fee

Fee: \$50

Class Dates: _____

FORM OF PAYMENT

Please read the Payment/Refund Policy on reverse. Submitting a payment means you have read and agree with the policy.

Total Amount _____

If paying by check, please make payable to **UC Regents**. If paying by credit card, complete the following:

Visa Mastercard Card Number _____ Exp. Date _____

Card holder's signature _____ Name as it appears on card: _____

Please see back for Payment/Refund Policy

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PAYMENT/REFUND POLICY

- Checks must be pre-printed, drawn on a California bank, and must include complete address, telephone, and driver's license #.
- Returned check fee is \$25.
- Application fee is non-refundable.

Thank you for your interest in the UCSF Osher Center!