

Osher Center for Integrative Medicine at UCSF

MBCP Professional Development and Teacher Training (PDTT)

Application Registration Form

PARTICIPANT INFORMATION

First Name _____ Last Name _____ Age _____ Sex _____

Home Address _____

City _____ State _____ Zip code _____

UCSF Campus box number _____ Department _____

Phone: Day time () _____ Evening () _____

Email address (optional) _____

UCSF Faculty UCSF Student/Intern/Resident/Post-doc UCSF Staff UCSF Alumni General Public

Would you like to be on our mailing list ? Yes No

How did you hear about this class: _____

CLASS SELECTIONS

MBCP PDTT Application Fee

Fee: \$50

Class Dates: _____

FORM OF PAYMENT

Check: Please make payable to UC regents. Please see policy below.

TO REGISTER

In Person: Pay with checks payable to **UC Regents**.

Please return to: Osher Center for Integrative Medicine, 1701 Divisadero St., Suite 150, San Francisco, CA 94115

By Mail: Pay with checks payable to **UC Regents**. A receipt will be mailed to you.

Please do not send cash. Send to Osher Center for Integrative Medicine, Clinical Programs

ATTN: Class Registration, 1701 Divisadero St., Suite 150, San Francisco, CA 94115

PAYMENT POLICY

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