UCSF Osher Center for Integrative Medicine
Yoga Registration Form

HOW TO REGISTER
Online or via phone (credit card only):
Visit http://www.usher.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 ___________________________________
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

Gentle Chair Yoga (6-week sessions)
Mondays, 3:00pm-4:30pm
Fee: $90 per 6-week session
Class Date(s):______________________

Gentle Healing Yoga (6-week sessions)
Mondays, 5:30pm-7:00pm
Fee: $90 per 6-week session
Class Dates:______________________

Saturday Healing Yoga Workshop (one-day)
Saturday, 10:00am-1:00pm
Fee: $35 per workshop
Class Date:______________________

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
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.
• A refund or credit less a $15 cancellation fee will be given when requested at least 5 days before 1st class.

Thank you for your interest in the UCSF Osher Center!