

## REGISTRATION FORM

Name: (Dr · Mr · Ms · Mrs) \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Month & day of birth: \_\_\_\_/\_\_\_\_

Do you want to be on our priority email list?  YES  NO

Select course by checking box(es):

Tuesday evenings, May 5 – June 9

MLL09011 **Controversies in Nutrition**

Wednesday evenings, May 6 – June 10

MLL09012 **Care of Children and Teens**

Thursday evenings, May 7 – June 11

MLL09013 **Healthcare Reform**

### COURSE FEES

ONE Course	\$75
TWO Courses	\$130
THREE Courses	\$185

Please charge my  Visa  MasterCard  American Express

No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

### FOUR EASY WAYS TO REGISTER:

**Online:** Register at [minimedicalschool.ucsf.edu](http://minimedicalschool.ucsf.edu)

**Phone:** Call 415/476-5808. Please have your Visa, MasterCard or Amex ready.

**Fax:** Send completed form to 415/502-1795. Include your credit card number and expiration date.

**Mail:** Send the registration form and your check payable to "UC Regents" to UCSF, P.O. Box 45368, San Francisco, CA 94145-0368.

For information, call 415/476-4251.



University of California  
San Francisco

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