

Healing Lifestyles for Diabetes 6-week On-line course

Registration Form

Class date:			
Name:			
Address:			
City:		State:	Zip:
Phone#:		_ Alternative Phone #:	· · · · · · · · · · · · · · · · · · ·
UNM Banner I	D (if applicable):		
Email:			
	Fo	rm of Payment:	
□ Cash	□ Check*	□ Credit Card	
Amount:	Check #	Name (as on card):	
	Amount:	□ MC □ VISA	
*Please make check payable to Nicole White		CC #:	
		Exp. Date:	
□ UNM Tuition Remission		3-Digit Security Code:	
		Amount:	
		Cardholder's Signature:	

Note: Upon use of any credit card for the processing of payment and providing your signature, you are allowing UNM to process in the amount noted. Please be advised that upon completion of the above transaction, the amount stated will appear as **UNM Marketplace** on your banking transactions/statement. *Payments must be received prior to date of event.

PLEASE FAX REGISTRATION FORM TO 505-925-4539 OR MAIL TO: 4700 JEFFERSON STREET NE, SUITE 100, ALBUQUERQUE, NM 87109