



# UNM CENTER *for* LIFE

*Preventive & Integrative Medicine Specialty Clinic*

## Mindful Eating and Living Registration Form

MEAL Class beginning: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

UNM Banner ID (if applicable): \_\_\_\_\_

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

### Form of Payment:

<input type="checkbox"/> <b>Cash</b>	<input type="checkbox"/> <b>Check</b>	<input type="checkbox"/> <b>Credit Card</b>
Amount: _____	Check # _____	Name (as on card): _____
	Amount: _____	<input type="checkbox"/> MC <input type="checkbox"/> VISA
		CC #: _____
<input type="checkbox"/> <b>UNM Tuition Remission</b>		3-Digit Security Code: _____
		Exp. Date: _____
		Amount: _____
		<b>Cardholder's Signature:</b> _____

**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.

**Note:** By providing your signature below, you agree that CFL will not refund fee for this class, however, you can apply the fee for a future class **within one year of date** original course was canceled by participant. \_\_\_\_\_

**Participant/Payee Signature**

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