



UNM CENTER *for* LIFE

Preventive & Integrative Medicine Specialty Clinic

Mindfulness Based Stress Reduction Registration Form

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

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 to 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**