UNM CENTER for LIFE
Preventive & Integrative Medicine Specialty Clinic

Beat the Sugar & Gluten Blues

Registration Form

Class date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#:_____ Alternative Phone #:_____

UNM Banner ID (if applicable): _____

Email: _____

Form of Payment:

□ **Cash**
Amount: _____

□ **Check**
Check # _____
Amount: _____

□ **Credit Card**
Name (as on card): _____
□ MC □ VISA
CC #: _____
3-Digit Security Code: _____
Exp. Date: _____
Amount: _____
Cardholder's Signature: _____

□ **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.

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