

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program tuition: \$300 (there may be an additional fee for Continuing Education credits)

**Payment method:**

- Cash  
 Check. Payable to: Center for Integrative Medicine  
 Visa  
 Mastercard

Card #: \_\_\_\_\_

(Do not fax credit card number. Bring your information to orientation or the first class)

Expiration date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

I authorize processing of the above payment

Cardholder's signature: \_\_\_\_\_

I understand that if I withdraw from the class for any reason, refund will be as follows:

After first class: 50%

After second class: no refund

Signature: \_\_\_\_\_

Please bring the completed registration form to your orientation session, email to [greco cm@upmc.edu](mailto:greco cm@upmc.edu), or fax to the UPMC Center for Integrative Medicine at **412 623-6414**. Payment will not be processed until you confirm that you will enroll in the class.

UPMC Shadyside Center for Integrative Medicine  
580 S. Aiken Ave, Ste. 310, Pittsburgh, PA 15232  
412-623-3023