

# Class Registration Form



UCSF Medical Center

UCSF Children's Hospital



Mailing Address  
UCSF Nursing Education  
533 Parnassus Ave., U-107  
San Francisco, CA 94143-0210

Fax: 415-353-8561

For more information  
Phone: 415-353-1993  
E-mail:  
nursing.department@ucsfmedctr.org

Class Name

Class Date

Course ID No.

Name (print clearly)

Home Address

City

State/Zip

Home Phone

Email address

License #

Employer

License Type  RN  LVN  CNA  Other (please specify) \_\_\_\_\_

Amount Due \_\_\_\_\_

Method of Payment  Check Enclosed (Make check payable to "UC Regents")  
 Credit Card (Visa, MasterCard, Discover, American Express)  
 Charge to department (UCSF staff only)—requires manager's signature

Credit Card #

Expiration Date

Signature

Name on Card

## For UCSF Staff only

Unit/Dept.

Today's Date

Charge course fee to unit cost center: \_\_\_\_\_  
Manager's Signature

DPA/Fund numbers for charging (if outside Dept. of Nursing): \_\_\_\_\_