

Healing Pathways Registration Form

Semester (year): Fall _____ Spring _____ Mini Course _____

Name: _____

Address: _____

Phone(s): _____

Email: _____

Department/Organization: _____

Prior experience related to integrative medicine:

Scholarship amount (if applicable): _____

Method of payment: Credit Card Check Make checks payable to: *UMB Foundation*

Credit Card Payment Slip: send signed copy by fax to 410-706-3589 or PDF email to

btarantino@compmed.umm.edu

CC Type (circle): Visa Master Card Discover

Amount: _____

Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ Security Code: _____

Name as it appears on the credit card: _____

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Billing address, if different than above: _____
