UNM CENTER for LIFE
Preventive & Integrative Medicine Specialty Clinic

Registration Form

Course Name: _____

Class date: _____

Name: _____ _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#:_____ Alternative Phone #:_____

UNM Banner ID (if applicable): _____

Email: _____

Form of Payment:

☐ Cash
Amount: _____

☐ Check
Check # _____
Amount: _____

☐ UNM Tuition Remission

☐ Rio Grande Employee $25 co-pay

☐ CC Online
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****Click on the UNM Center for Life UNMMG Education Courses**

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