



Department of Spiritual Care Services
**Continuing Education Day
Registration Form**

Your name: _____

Your profession [*please check all that apply*]:

- | | | |
|---|---|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Clergy/religious leader | <input type="checkbox"/> Seminarian |
| <input type="checkbox"/> CPE student | <input type="checkbox"/> Social worker | <input type="checkbox"/> Psychotherapist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Allied health professional | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Layperson | | |
| <input type="checkbox"/> Student in other field (please specify): _____ | | |

Institutional affiliation (if any): _____

Address: _____

E-mail: _____ Phone: _____

Registration fee is \$25 USD, made payable to UC Regents via check or money order.

Do you want a certificate of completion [*no charge*]? Yes No

Do you want a lunch provided for you [*add \$14 to the fee*]? Yes No

*The lunch includes a sandwich (with lettuce, and mayonnaise and mustard on the side), a piece of whole fresh fruit, a bag of chips, a freshly baked cookie, and bottled spring water. **Please choose your sandwich:***

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Roast beef | <input type="checkbox"/> Egg salad | <input type="checkbox"/> Ham |
| <input type="checkbox"/> Turkey | <input type="checkbox"/> Tuna salad | <input type="checkbox"/> Vegetarian |

Total amount enclosed with this registration form: \$ _____

Please send this completed form along with your payment ***no later than June 29, 2018***, to:

**UCSF Health
Department of Spiritual Care Services
UCSF Box 0356
350 Parnassus Avenue, Suite 210
San Francisco, CA 94143**

Thank you – we're looking forward to seeing you at this gathering!