**Group Rate Payment Form**

**UCSF Developing Medical Educators of the 21st Century | *February 13-15, 2023***

UCSF offers discounts for groups of **5 or more attendees from the same institution** registering at the same time using one form of payment, with confirmations being sent to one email address. No refunds will be processed for group participants who register with the group. Registration is transferable to another member of the same institution.

**Instructions**

1. Complete this Group Rate Payment Form (Fax, Mail, or Call-in only)
2. Complete Registration Form and email to [joey.bernal@ucsf.edu](mailto:joey.bernal@ucsf.edu) immediately after providing payment.

**Group Coordinator (responsible for receiving and distributing the confirmations for the group.)**

**First Name Last Name Phone Email**

**Institution**

Register all people listed in the Registrant Form for UCSF Developing Medical Educators of the 21st Century. I agree to pay the total payment below.

**(# of Attendees)** X **$795** = **(Total Payment)**

**Credit Card Payment: Visa, MasterCard or AMEX only**

Full Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: expiration.

Complete Billing Address

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

**Or: Enclose check payable to *UC Regents*.**

This Payment Form can be

**Mailed to:**

UCSF Office of CME

490 Illinois Street, Floor 8

San Francisco, CA  94143

Attn: Registration – COURSE MOC22005

**or Call** (415) 476-5808 Monday-Friday from 8:00am to 4:00pm (credit card payments only)

For your protection and to comply with Federal Regulations on Credit Card Fraud, please do not email this form with your credit card information. If you are paying by credit card, please fax, mail, or call-in.

Email [joey.bernal@ucsf.edu](mailto:joey.bernal@ucsf.edu) if you have any questions.