

# Health Education Program Registration Forms - Please Print

**OUR POLICY:** *Program fees are non-refundable. If you cannot attend a program, you must call at least 5 days before the first meeting to transfer to another program. A \$5 service fee will be charged per transfer and must be received by the Health Education Department to ensure a space in the next class. Fees will only be transferred to a program within 9 months of the originally scheduled date. We reserve the right to reschedule or cancel a program. If this happens, you will have a choice of either a refund or a transfer. Your registering for this program indicates that you have read and understood this policy.*

Program Title: FOR EACH PROGRAM, PLEASE USE A SEPARATE FORM Cost: \_\_\_\_\_

Date/Time: 1st choice \_\_\_\_\_ Level \_\_\_\_\_ 2nd choice \_\_\_\_\_ Level \_\_\_\_\_

Name: \_\_\_\_\_ Kaiser Number: \_\_\_\_\_

2nd Name: \_\_\_\_\_ Kaiser Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone, day: \_\_\_\_\_ Phone, eve.: \_\_\_\_\_

If non-member we need your S.S.# \_\_\_\_\_ & Birthdate \_\_\_\_\_

**PAYMENT METHOD:**  CHECK (payable to Kaiser Permanente)

AMERICAN EXPRESS  MC  VISA  DISCOVER Card No. \_\_\_\_\_

Cardholders Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

If you have any questions, please call Health Education at (415) 833-3450.

We are open Monday - Friday, 9 am - 5 pm; Thursdays, 9 am - 7 pm.

Return form to: **Kaiser Permanente, Health Education, Attn: Class  
2241 Geary Blvd., San Francisco, CA 94115**

## STAFF USE ONLY

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

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