

Resilience Retreat for Physicians Application

1899 McKee Street, Ste. 126
San Diego, CA 92110

Phone: 619-543-6770

Fax: 619-543-2353

Email: ucpace@ucsd.edu

Web: paceprogram.ucsd.edu

AVAILABLE PROGRAMS (Please select the program date that you wish to apply for):

The PACE Resilience Retreat for Physicians – October 26-28, 2018

NAME: _____
Last First Middle Initial

ADDRESS: _____

Phone: Work / Home _____ Cell: _____

Fax: _____ **E-mail:** _____

Gender: Male Female **Date of Birth:** _____

PRACTICE INFORMATION

- Are you currently practicing medicine? Yes No
- If not, when did you last practice? _____
MONTH/YEAR
- Degree (please check one): M.D. D.O.
 Other: _____
- Specialty of clinical practice: _____
- Board certified? Yes No IF YES, LIST: _____
- Date of last recertification: _____
MONTH/YEAR

REFERRAL INFO - Do you need the PACE Program to communicate to a 3rd party regarding your enrollment or completion? YES NO IF YES, PLEASE NAME: _____

If need be, we will work with you to obtain a signed consent form to authorize communication.

PROGRAM ACTIVITIES

Would you like to have access to a bike? YES NO

As described, fun activities are included in the weekend retreat experience. Please provide an "X" to signify your 1st, 2nd and 3rd choices for each time slot to secure your places.

Saturday AM	1st	2nd	3rd	Saturday PM	1st	2nd	3rd	Sunday AM	1st	2nd	3rd
Beach Yoga				Surfing				Beach Yoga			
Walk on the Beach				Bike Tour				Walk on the Beach			
Beach Meditation				Paddle Tour				Beach Meditation			

MEAL REQUIREMENTS

Do you have any special meal requirements? Vegetarian Vegan Kosher Gluten Free Other

If "Other", please describe: _____

PAYMENT & PROCESSING INFORMATION

THIS IS A PRELIMINARY APPLICATION
ONCE YOUR APPLICATION IS RECEIVED, WE WILL SEND YOU A LETTER WITH FURTHER INSTRUCTIONS

SHIPPING AND MAILING ADDRESS:

UC San Diego PACE Program
1899 McKee Street, #100
San Diego, CA 92110

FOR MORE INFORMATION OR TO CONTACT US:

Phone: (619) 543-6770
Fax: (619) 543-2353
E-mail: ucpace@ucsd.edu
Internet: paceprogram.ucsd.edu

CANCELLATION POLICY

- For cancellations greater than five business days prior to the course date, 100% of the course fee minus a \$100 administrative fee is refundable.
- Cancellations five or fewer business days prior to the course date will result in a 60% refund.
- No refunds will be possible for a "no show" or cancellation on or after the course start date.

COURSE FEES:

Please check our website for information about which rate is in effect.

- | | |
|--|---------|
| <input type="checkbox"/> EARLY BIRD (FIRST 10 REGISTRANTS) | \$1,795 |
| <input type="checkbox"/> NORMAL RATE (NEXT 15 REGISTRANTS) | \$1,995 |
| <input type="checkbox"/> LAST 25 REGISTRANTS | \$2,450 |

Group Referral Promo Code
(If Applicable): _____

Course Subtotal: _____

Group Referral Discount If Applicable: _____
(NOTE THE ASSOCIATED PROMO CODE TO THE LEFT)

COURSE TOTAL: _____

CHECK INFORMATION:

Make all checks or money orders payable to "UC Regents."

CREDIT CARD INFORMATION:

IF FAXING OR EMAILING YOUR APPLICATION,

Step 1: **Just authorize** the payment by filling out **SECTION A.**

Step 2: Call the front desk at 619-543-6770 with the full payment info and it will be purged upon processing.

IF MAILING YOUR APPLICATION, please complete both sections.

SECTION A.	<i>I authorize the UCSD PACE Program to charge my credit card for the amount noted below.</i>	
	Total Amount to be charged: \$ _____ Last Four Digits of CC: _____	
Authorization Signature: _____		Date: _____
SECTION B.	<input type="checkbox"/> Master	Card Holder's Name: _____
	<input type="checkbox"/> Visa	Card Number: _____
	<input type="checkbox"/> AMEX	Exp. Date (mm/yy): _____ Card Security Number: _____
	<input type="checkbox"/> Discover	Credit Card Billing Address: _____
	<input type="checkbox"/> Diners Club	Credit Card Billing Zip Code: _____