

Registration for Family Constellations Training 2010

Name: _____

Address: _____

Home Phone: _____ Office Phone: _____

Fax Number: _____ Cell Phone: _____

Occupation: _____ Email: _____

Previous Trainings: _____

Goals for this training: _____

The cost of the training is \$3,000 with a non refundable deposit of \$250. A payment plan is available.

There are 2 convenient ways to register:

By Mail: Send your completed registration form and signed release form with your credit card number or check made payable to:

Hellinger Institute of DC
4803 Saint Elmo Avenue
Bethesda, MD 20814

By Fax: (credit card payments only)
301-215-9192

Credit Card # _____ Exp date _____

Name on Credit Card _____ CVV# _____

Signature: _____

Hellinger Institute of DC
4803 Saint Elmo Avenue, Bethesda, MD 20814
301-215-9168 Fax 301-215-9192
HellingerDC@aol.com

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Hellinger Family Constellation Training

TUITION PAYMENT AGREEMENT

This agreement is between The Hellinger Institute of DC, Susan Ulfelder and _____ to establish a payment plan for the the One-Year Training in Hellinger Family Constellations presented by John and Susan Ulfelder and other guest lecturers, if available. This training will be held primarily at the office of the Hellinger Institute of DC in Bethesda, Maryland, unless otherwise noted.

The training will consist of six 3-day weekends, Friday - Sunday. Hours are 9am-5pm each day. The tuition is \$3,000 with a non-refundable deposit of \$250 required for registration.

The balance of the tuition may be paid in full at the beginning of the training (which entitles you to a \$100 discount) or may be paid in equal installments of \$550 at the beginning of each of the first five training weekends. Payments may be made by credit card or personal check made payable to Hellinger Institute of DC.

FULL TUITION

	\$3,000
Registration deposit	<u>-\$ 250</u>
Discount for full payment at beginning of training	<u>-\$ 100</u>
Balance due	<u>\$2,650</u>

PAYMENT PLAN

	\$3,000
Registration deposit	- \$ 250
Balance due	\$2,750

Payment Installments: The first five training sessions payment of **\$ 550**

Cancellation and Refund Agreement:

I agree to the above tuition payment schedule. I understand that I also have a one-time option to discontinue the training within 5 days after participation in the first training weekend and receive a refund for any monies paid in advance for the remaining weekends. If I find it necessary to discontinue my participation at a later time, I will not receive a refund and I agree to pay the full year tuition whether or not I finish the training. I understand I will be entitled to participate in a future training in Hellinger Family Constellation Work for the prepaid sessions missed at no additional charge. I understand that all cancellation requests must be made in writing; phone cancellations will not be honored.

Signature

Print Name

Date