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La Voz de la Psique Registration Form

Please sign, date, and return the form via e-mail or snail mail to the Assisi Institute.

Name:

Billing Street Address:

Billing City, State and Zip:

Home Phone:

Cell Phone:

E-mail:

Professional Title:

**6-Month On-line Clinical Seminar
Tuition Total: USD \$350**

Payment Options:

Option #1: Full Payment

Tuition (USD \$350) minus 20% discount (USD \$70) = USD \$280

Option #2: Semester Payment

Tuition (USD \$350)

First Payment due with registration = USD \$175

Second payment due by April 15, 2019 = USD \$175

Option #3: Monthly Payment

Tuition (USD \$350) plus a 5% processing fee (USD \$17.50) = USD \$367.50

Six (6) monthly payments of USD \$61.25

I choose the following payment plan:

Full Payment _____ (2) Semester Payments _____ (6) Monthly Payments _____

Early Withdrawal/Refund Policy

There is a 14-day early withdrawal period which ends January 24, 2019 wherein tuition and tuition liability will be refunded to the student, minus application and administrative fees of \$150. After the 14-day early withdrawal period, no refunds will be made.

Authorizations

____ I am authorizing the Assisi Institute to make the above indicated payments on the credit card I have noted below. I understand payments will be run on or about the 15th of each month. In the event that I elect not to authorize automatic payments, I understand that I am responsible for the balance of my student account and to honor the terms of this contractual agreement by keeping the above indicated terms of payment.

____ I have read and understand the early withdrawal/refund policy.

____ I authorize the Assisi Institute to make automatic monthly charges (optional).

Name as it appears on credit card:

Card Number:

Expiration Date:

Security Code:

SIGNATURE OF APPLICANT:

Date:

I CERTIFY that my signature on this form is certification that the information on this application is true and that the signature and information are those belonging to said applicant.