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Mystic, CT 06355
(860) 415-5004
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www.assisiinstitute.com



The Art of Archetypal Fairy Tale Analysis

Beginning Certificate Course

Registration Form

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

Name:

Billing Street Address:

Billing City, State and Zip:

Phone:

E-mail:

Professional Title:

15 Webinars
Tuition: \$350

Payment Options:

Option #1: Full Payment

Tuition (\$350) due with registration

Option #2: Semester Payment

Tuition (\$350)

First Payment due with registration = \$175

Second payment due by February 15, 2022 = \$175

I choose the following payment plan:

Full Payment _____ (2) Semester Payments _____

Early Withdrawal/Refund Policy

There is a 14-day early withdrawal period which ends November 23, 2021 wherein tuition and tuition liability will be refunded to the student, minus application and administrative fees of \$100. 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. My card details will be stored in my profile and will only be used for approved payments. I understand that the second payment will be run on or about the 15th of February 2022 and that I will receive a receipt via email. 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 semester charges (optional).

Name as it appears on credit card:

Card Number:

Expiration Date:

Security Code:

If paying by PayPal in US Dollars (please use the "send to friends and family" option):

assisi@together.net

If paying by check:

Please make your check payable to Dr. Michael Conforti and mail to:

4 Broadway Avenue Ext. - Unit 3A

Mystic, CT 06355

SIGNATURE OF APPLICANT:

Date:

Please list your name and professional designation(s) for your certificate of completion. There is a maximum of 30 characters including spaces:

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.