

4 Broadway Avenue Ext.
Unit 3A
Mystic, CT 06355
(860) 415-5004
assisi@together.net

www.assisiinstitute.com



Beginning Dream Patterning Program

2022 - 2023

General Public Registration Form

Name:

Billing Street Address:

Billing City, State and Zip:

Phone:

E-mail:

Professional Title:

Educational Degrees:

PAYMENT PLANS:

Please indicate which payment plan from the options below works best for you, sign, date, and return the form via e-mail or snail mail to the Assisi Institute.

Tuition Total: \$795

Non-refundable Deposit: \$250

**A number of limited scholarships and discounts are available.
Please call the Assisi Institute office at 860-415-5004.**

All students are responsible for the tuition and residential fees listed for the 2022-2023 academic year. Fees are reviewed annually and periodically adjusted as a matter of policy.

Registration Deposit

A \$250 deposit must accompany the registration form. This fee is non-refundable.

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Tuition and Payment Plans

Assisi Institute offers a number of payment plans as well as discounts for Assisi Institute graduates or current students, to make financing your educational experience as convenient as possible. To ensure continued enrollment students may make payments either by personal check, cashier's check, money order, or by credit card (MasterCard, Visa, American Express). *A \$100 late fee will be assessed to the student's account each quarter if payment for tuition is not received by Assisi Institute by the end of the first day of the quarter. Interest may also be added to overdue accounts at the rate of 10% per annum.*

Payment Options:

Option #1: Full Payment

Tuition = \$795

Option #2: Quarterly Payment

Tuition (\$795) plus a 2.5% processing fee (\$19.88) = \$814.88

Pay \$250 deposit

Four (4) quarterly payments of \$141.22

Option #3: Monthly Payment

Tuition (\$795) plus a 5% processing fee (\$39.75) = \$834.75

Pay \$250 deposit

Eight (8) monthly payments of \$73.09

I choose the following payment plan:

Full Payment _____ (4) Quarterly Payments _____ (8) Monthly Payments _____

Early Withdrawal/Refund Policy

Students enter a contractual agreement to complete the program for which they enroll. Decisions to withdraw early are a breaking of that contractual agreement. Refunds will be made for students who withdraw prior to the first 30 days of the program start per the terms listed below.

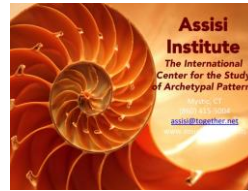
When a student withdraws from the Institute, he/she must compose a formal letter of early withdrawal and submit it in writing to the Assisi Institute Administrative Office. Refunds will be made within eight to ten weeks of the notification of an official withdrawal or date of determination of withdrawal by the Institute. The initial deposit is non-refundable. Refunds are calculated on the following scale:

Withdrawal within the first 30 days of program start: 75% refund (not including initial deposit).

Provided extenuating medical illness, after the first 30 days of program start, refunds for the Dream Patterning program will not be given.

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____ 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 payments will be run on or about the 15th of each month 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 monthly or quarterly charges (if applicable).

If paying by credit card:

Name as it appears on credit card: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

If paying by PayPal in US Dollars (use friends and family option/send to someone you trust):
assisi@together.net

If paying by check:

Please make your check payable to Dr. Michael Conforti and mail to the address listed on the top of the form.

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.