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www.assisiinstitute.com



## The Voice of Psyche Registration Form

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

**Name:**

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**Billing Street Address:**

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**Billing City, State and Zip:**

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**Home Phone:**

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**Cell Phone:**

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**E-mail:**

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**Professional Title:**

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### 16 On-line Clinical Seminars Tuition: \$375

#### Payment Options:

##### Option #1: Full Payment

Tuition (\$375) due with registration

##### Option #2: Semester Payment

Tuition (\$375)

First Payment due with registration = \$187.50

Second payment due by March 15, 2020 = \$187.50

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 March 15, 2020 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. I understand payments will be run on or about the 15th of the 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 semester 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.