

# Registration for Family Constellations Training 2017

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@gmail.com](mailto:HellingerDC@gmail.com)

Hellinger Institute of DC  
4803 Saint Elmo Avenue  
Bethesda, MD 20814  
301-215-9168 Fax 301-215-9192  
[HellingerDC@gmail.com](mailto:HellingerDC@gmail.com)

## Hellinger Family Constellation Training 2017

### 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 Susan Ulfelder and other guest lecturers, if applicable. 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 9 am-5 pm 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

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

#### PAYMENT PLAN

	<b>\$3,000</b>
Registration deposit	<b>- \$ 250</b>
Balance due	<b>\$2,750</b>

**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.

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Signature

Print Name

Date