

Hellinger Institute of DC

4405 East West Highway, Suite 405

Bethesda, MD 20814

301-215-9168

HellingerDC@gmail.com

Registration for Family Constellations Training 2018

Name: _____

Address: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____

Previous Professional Trainings: _____

Previous Experience with Constellations: _____

Previous Personal Development Trainings: _____

Goals for this training: _____

Please provide a current passport photo of yourself via mail or email. Call and set up an interview with the trainers which is a pre-requisite for acceptance in this in-depth training program.

The cost of the training is \$3,000 with a non-refundable deposit of \$250 required to save your space. A payment plan is available. (Please contact Lynne to discuss and arrange)

There are 2 convenient ways to register:

Online: at www.HellingerDC.com

By Mail: Send your completed registration form, photo and signed release form with your credit card number or check made payable to:

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Suite 405, Bethesda, MD 20814

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Hellinger Family Constellation Training 2018

TUITION PAYMENT AND COMMITMENT AGREEMENT

This agreement is between The Hellinger Institute of DC, Susan Ulfelder, Lynne Miller and _____ to establish a payment plan for the 2018 Training in Hellinger Family Constellations facilitated by Susan Ulfelder and Lynne Miller. 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 6 three day weekends, Friday - Sunday which I agree to attend the full year. Hours are 8 am - 6 pm each day. The tuition is \$3,000 with a non-refundable deposit of \$250 required for registration, along with a photo and interview with the trainers.

A registration deposit of \$250 is required to reserve your place.

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 cash, credit card or personal check made payable to Hellinger Institute of DC.

| | | |
|-----------------------|---------------------------|----------------|
| • FULL TUITION | | \$3,000 |
| | Registration deposit | - \$ 250 |
| | Discount for full payment | - \$ 100 |
| | Balance due | \$2,650 |

| | | |
|-----------------------|----------------------|----------------|
| • PAYMENT PLAN | | \$3,000 |
| | Registration deposit | - \$ 250 |
| | Balance due | \$2,750 |

• PAYMENT INSTALLMENTS: The first 5 training weekends payment of **\$550**

or

• PAYMENT INSTALLMENTS OF:

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.**

Signature

Print Name

Date