

Hellinger Institute of DC
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Hellinger Family Constellation Training 2019

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 9 am - 5 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