

dhyana Center of Education
7740 Atkinson Road Sebastopol, CA 95472
dhyanatherapeutics.com
(707)823-8818 ~ (800)796-6863

Payment Plan Contract

6- Week Intensive:

I A \$1500 non-refundable deposit is due at the time of registration. I cannot secure a space for you in class unless you pay your deposit. On the first day of class in June, August & October, \$766 is due unless you have made other arrangements w/ me ahead of time. **NO EXCEPTIONS.** If you wish to set up a payment plan, this is the deal: A \$1500 non-refundable deposit is due at the time of registration. The \$2300 balance will be split up into equal monthly payments of \$287.50 for eight months beginning at any time once the deposit has been paid, but no later than the first day of class in June. Your final payment will be due no later than January, 2008. You can pick the date for each monthly payment (example: beginning, middle or end of the month). Payments can be made in cash, check or by credit card, but I must have a credit card # on file for you if you wish to have a payment plan as I will be charging your credit card each month for the agreed upon amount if I have not received payment from you 7 days after agreed upon due date.

I have read & fully understand the terms of this agreement & I authorize DeAnna L. Batdorff to charge my credit card in the amount of \$ _____ on:

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Credit Card # _____ Exp. Date _____
Signature _____ Date _____

10 Month 3 Day Weekend Course:

I A \$1500 non-refundable deposit is due at the time of registration. I cannot secure a space for you in class unless you have paid your deposit. On the first day of class each weekend, \$230 is due unless you have made arrangements w/ me otherwise. **NO EXCEPTIONS.** Payments can be made in cash, check or by credit card. If you miss a payment or if more than one payment is late & you want to continue taking the class, I will need a credit card # on file for you & I will be charging \$230 to the credit card on the first day of each class unless I have received payment otherwise.

I have read & fully understand the terms of this agreement & I authorize DeAnna L. Batdorff to charge my credit card in the amount of \$230 on:

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Credit Card # _____ Exp. Date _____
Signature _____ Date _____