



Mentoring Program Registration Form 2017

Name: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Start Date: _____

Paid in full on: \$1600 On: _____

Payments requested and will begin on: _____

Choose one -

Option #1 Two quarterly payments of \$840: _____

Option #2 Three bi-monthly payments of \$565: _____

Option #3 12 monthly payments of \$145: _____

All payments occurring more than once are automatic via PayPal. One-time payments can be made by check.

A link will be sent for you to set up your auto pay.

List any specific topics, issues or areas you would like to touch on during the course of the program:

REFUND POLICY FOR EDUCATIONAL PROGRAMS

Deposits may vary and are required at time of registration. Due to the long-term nature of this intensive program refunds will only be given within the first month of participation and a \$100 materials fee will be deducted.

No REFUNDS or transfers of credit after the first month.

By signing below, I understand that all payments are non-refundable and non-transferable, except as outlined above. Furthermore, I understand all the terms, conditions and requirements of the program that I am registering for at this time.

Student Signature

Date

Signature of Skillful Teaching Representative

Date