

Family Constellation Training Program

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Financial Contract

I, _____ understand that the tuition for the 2011-12 Family Constellation One-Year Training Program is **\$3,100.00** and that my payment options are:

1. **Payment in Full:** \$3,100 due by October 1, 2011
2. **Payment Plan One:** \$1550 due by October 1, 2011. The final payment of \$1550 is due by April 15, 2012
3. **Payment Plan Two:** Four payments of \$775 each are due on October 1, 2011, December 1, 2011, February 1, 2012, April 1, 2012
4. **Payment Plan Three:** Six payments of \$517 each are due on October 1, 2011, December 1, 2011, February 1, 2012, April 1, 2012, May 15, 2012 and July 1, 2012.

I understand that my tuition must be paid by the end of the Family Constellation Training Program in order for me to graduate and receive my certificate; that until payment has been made in full, I cannot claim any of the rights and privileges associated with my certificate, including holding myself out to the public as a graduate of the Hellinger Institute of Western PA.

There will be no refunds of tuition except in the event of program cancellation.

I understand that if I am absent from any of the training or if choose to withdraw from the Training Program prior to completion, I remain responsible for all tuition.

If I withdraw prior to completion of the program, all remaining tuition will be due at the time of my withdrawal.

All payments must be made to Gail Cloud via check or you may pay via credit card at <http://gailcloud.com/workshops/family-constellation-training.html>

Any payments over 30 days past due accrue a 5% late fee.

I understand and agree to the terms of this financial contract. My signature below constitutes my agreement to be legally bound by these terms.

I choose Payment Option # _____, and will make my (first) payment no later than _____.

Participant Signature
Date

Program Administrator Signature
Date