

Application for Enrollment The FARE Hypnosis Center



Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Birthdate _____

Email _____

Current Career _____

List any Experience in/with hypnosis _____

Complete course information is included in the Curriculum Guide you have received.
The costs of the classes are as follows:

- | | |
|-----------------------------------------------|-------------|
| • FARE 1.0 (9 day w/pain management) | \$2,395.00 |
| • FARE Comprehensive Hypnotism™ | \$3,795.00 |
| • Emotion Resolution Work™ | \$ 1,195.00 |
| • Emotion Resolution Work™ 2.0 | \$695.00 |
| • Past Life Regression and Spirit Releasement | \$245.00 |
| • Pain Management | \$245.00 |
| • Predictive Index Assessment | \$250.00 |

Check the due dates on the curriculum guide for special discounts!

Please note which classes need books and order accordingly. A \$500.00 deposit is required to reserve space in FARE Comprehensive Hypnotism™ course one month prior to class, a \$100.00 deposit for the others. You will be notified in writing of your acceptance into the course. Payment

must be received in full, no later than ten (10) days before the courses commences in order to attend.

Please check the appropriate dates for the classes you would like to attend:

- **FARE 1.0**

_____ Apr/May weekend course (4/27-29 and 5/4-6 and 5/19-21)

_____ Sept weekend course (9/14-16; 9/21-23; 9/28-30)

- **FARE Comprehensive Hypnotism™** - choose which FARE 1.0 and the other 4 courses desired

- **Emotion Resolution Work™**

_____ Feb 21-24

_____ May 29-June 1

_____ Oct 30,31/Nov 1, 2

- **Emotion Resolution Work™ 2.0**

_____ Apr 19-21

_____ July 26-28

_____ Dec 10-12

- **Past Life Regression and Spirit Releasement**

_____ Feb 25

_____ June 2

_____ Nov 3

- **Pain Management**

_____ Mar 30

_____ Oct 12

_____ Predictive Index Assessment

A copy of this document will be emailed to you upon acceptance. You will be notified of acceptance or refusal of your application via email within 5 business days of receipt of application and deposit.

Buyers Right to Cancel / Refunds / Certification

Applicants not accepted into the program receive a full refund. **All withdrawals or cancellation by the student, MUST be made in writing for any refunds to be given and sent via email or regular post to 8353 Crystal View Lane #201 Eden Prairie, MN 55344.** Simply note your name, course dates and reason for cancellation. Notice of receipt of cancellation will be made in writing within 10 days of receipt and refunds are made within 30 business days of receiving written notification.

- Applicants who cancel within 5 business days of enrollment receive a full refund, regardless if the course has started
- After 5 days, but before the start of the program, the student is assessed 15% of the fees, not to exceed \$50.00
- If a student withdraws after the program has started, but before completion of 75% of the course the student is assessed pro rata portion of all fees based on the number of days in the term, plus 25% of the total costs, (25% not to exceed \$100.00) After 75% of the course is completed you are not entitled to any refund at all
- If a student is not satisfied with the FARE 1.0, Advanced Week of Power, or the Super Course, a full refund will be given at anytime during the first two days, upon return of all class materials and notes
- Once a program that is less than 40 hours in length has commenced, refunds are only given for the remaining hours not attended; full refunds are given only before the scheduled start date

Certification is only given to those completing the entire course and examinations, and completely submitting all pre and post work. Our goal is to ensure that our students are fully trained. Every effort will be made to accommodate a student who falls ill or has an emergency, but please understand that class time involves discussion, participation, practice, and demonstration, some of which is not easily duplicated outside of the classroom situation. If the student is absent for more than 2 hours of the course, certification cannot be given unless make up work is completed per terms determined by the instructor. Records, exam grades and certificates will be held and available upon request for all students.

Complaints: The Student has a right to file a complaint with the practitioner. To file a complaint, please contact Roberta Fernandez, 952-934-1315 or Roberta@FAREHypnosis.com. Your concerns will be immediately responded to. Additionally, the student has a right to file a complaint with the Roberta's certifying body, the National Guild of Hypnotists (NGH) at: Office Phone: (603)429-9438 / Fax (603)424-8066. Or you can write to them at: National Guild of Hypnotists, P.O. Box 308, Merrimack, NH 03054-0308. The student may also contact the Minnesota Office of Higher Education at 1450 Energy Park Dr. #350, St. Paul, MN 55108 or 651-259-3976.

The FARE Hypnosis Center is licensed as a private career school with the Minnesota Office of Higher Education pursuant to Minnesota Statutes, sections 136A.821 to 136A.832. Licensure is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.

Method of Payment

Payment can be made by:

Check - Send your payment via mail - the deposit with your application and the balance no later than 5 business days before the course begins - to FARE Hypnosis, 8353 Crystal View Lane #201 Eden Prairie, MN 55344.

Credit card - Or call 952-934-1315 today with your credit card (Visa, Mastercard and American Express are accepted). Fill in your information on the last page. You will be billed \$500 or \$100 upon receipt, and the balance 10 business days before the course begins. Card information will be shredded once both charges are made.

Call with any questions and for information on local hotels - 952-934-1315.

Agreement:

It is my intention to enroll on the dates selected above. I have read and accept the terms of this document. I am enclosing my deposit to reserve my space for these dates.

Student Signature Date

Acceptance:

_____ has been accepted into the classes he/she has chosen and the deposit holds the space in the classes he/she has selected.

Roberta Fernandez, President Date

Credit Card information:

My signature below acknowledges that I am choosing to charge my payments using the credit card information below:

Name on Card: _____

Mailing address for card: _____

City _____ St _____ Zip _____

Card type: _____ Visa _____ Mastercard _____ American Express

Card Number: _____

Expiration date; _____ CCV Code _____

Signature: _____