



**ACADEMY FOR GUIDED IMAGERY**

**PROFESSIONAL CERTIFICATION TRAINING**

**STUDENT PROMISSORY NOTE**

**I wish to enroll in an extended payment plan for:**

Full Certification Training without CE credits by paying

- \$1220 per month for three months
- \$640 per month for six months
- \$450 per month for nine months
- \$355 per month for twelve months

Full Certification Training with CE credits by paying

- \$1300 per month for three months
- \$680 per month for six months
- \$475 per month for nine months
- \$375 per month for twelve months

- Level I Training without CE credits by paying \$610/mo for three months.
- Level I Training with CE credits by paying \$650/mo for three months.

- Level II Training without CE credits by paying \$550/mo for three months.
- Level II Training with CE credits by paying \$580/mo for three months.

- Level III Training without CE credits by paying \$420/mo for two months.
- Level III Training with CE credits by paying \$450/mo for two months.

I understand and agree that this is a binding legal promissory note, and I hereby promise to pay to the Academy for Guided Imagery, Inc., a California Corporation, the above sum in monthly installments as indicated above. My first payment is being made with submission of my enrollment materials, and additional monthly payments will be charged to the credit card below starting one month from the date of my enrollment and continuing monthly until this promissory note is paid in full.

I understand that there is an approximately 18% APR service charge for extended payments plans, and that there will be an additional 10% late charge on any payments not received at the Academy office on the due date. I understand that payments must be current to be granted admission to Academy programs. I further understand that should any default be made in payment when due, the whole sum owed shall become immediately due at the option of the Academy or the holder of this note. If any action is required to collect funds on this note, I agree to pay all expenses incurred including reasonable attorney's fees and costs.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please charge future payments to this credit card:  VISA  MasterCard  AMEX  Discover

Card No: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Street: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please complete and return to: 30765 Pacific Coast Hwy • Suite 369 • Malibu • CA 90265

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