



MIND MATTERS®  
HYPNOSIS CENTER, LLC

Fax: 693-2221  
Mail: 50 Albany  
Tpk.  
Suite 5

## Client Contract

I understand that I have entered into an agreement with Lisa Zaccheo or Rod Kelly at Mind Matters Hypnosis Center for the sessions that I have booked with them at the Center.

I have marked my sessions **accurately** in my calendar and understand that I **will not** receive a reminder call prior to my session dates. (Please call to confirm your appointment dates if you need to.)

I understand that a significant amount of time (1½ - 2 hrs or ¼ of their work day) has been reserved for my appointment(s) and as a result 24 hours notice is required in order to change or cancel my appointment(s) so that another client from their waiting list can be offered that slot.

I understand that if I do not give 24 hrs. notice and my slot is unable to be filled, I **will be charged in full** for my session.

I understand that weather conditions will vary throughout the state and that with the exception of multiple feet of snow or undrivable ice The Center will be open and that I am responsible for giving notice if I'm concerned that the weather in my area may not permit me to attend my session. If the Canton Schools are closed I will not be charged for a session that I'm not able to attend otherwise it is my responsibility to give notice or opt to have my session over the phone or via Skype if I choose not to make the trip to the Center.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Visa or Mastercard #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_