



MIND MATTERS®
HYPNOSIS CENTER, LLC

Client Contract

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

I understand that I have entered into an agreement with Mind Matters Hypnosis Center for the sessions that I have booked 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 her 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 the 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: _____