



MIND MATTERS®
HYPNOSIS CENTER, LLC

705 Boston Post Rd
Guilford, CT 06437

Certification Course Payment Information

Name _____
Home Address _____
City _____ State _____ Zip _____
Best Contact Number (_____) _____
E-Mail Address _____

Method of Payment

I plan to pay my course tuition by:

_____ Bank Certified Check (Preferred, Please Attach) _____ Credit Card

My payment amount is:

_____ \$2,389.00 (Early Bird Rate) _____ \$2,589.00 (Standard Rate)

I would like \$100 credit toward my tuition for each of following students who have registered for the class based on my referral. _____

I have read the cancellation policy on-line and agree with its terms and conditions. (Please initial) _____

Credit Card Type _____ Credit Card Number _____

Expiration Date _____ CV Code _____

Billing Address _____

City _____ State _____ Zip _____

Approval Signature: _____

Please mail both the Payment and Application Forms to:

Mind Matters Hypnosis, 705 Boston Post Rd. Guilford, CT 06437