
C. Payment Information

The course fees:

\$6,000 course fee covers six month training and all course materials

Payment Options: (Check 1)

_____ 10% discount if paid in advance in full by **check** (\$600 savings)

_____ 5% discount if paid in advance in full by **credit card** (\$300 savings)

_____ \$2,000 deposit to reserve your space; \$665/month for six months

Please make checks payable to Daniel Kalish.

***Course deposit is due 3 weeks prior to class start date to secure space. Please note that space is limited and classes fill quickly.**

PAYMENT AUTHORIZATION

I, (print name) _____ authorize Dr. Kalish, located at 2557 Trinity Rd., Glen Ellen, CA 95442 to bill my credit card as listed below.

Name on Credit Card _____

Credit Card Holder's Billing Address (Where your statement is mailed.)

Credit Card Details

Visa Card # _____ Exp date _____

MasterCard Card # _____ Exp date _____

Amex Card # _____ Exp date _____

Last 3 digits (4 for Amex on front) on back of card _____
(found on the back of your credit card on the signature panel)

Student Billing Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorization

Card Holder's Signature

Today's Date

Student's Signature

Today's Date

This authorization may be revoked at any time when the following stipulations have been performed.

1. Student has already made new financial agreement that has been signed and dated or card holder/patient has submitted to our office a written request to revoke the card usage (stop billing credit card in writing signed and dated).
2. Student's account is paid in full.
3. All Credit cards will be charged on the first business day of every month for monthly payments.

D. Additional Information:

How did you hear about the course?

Please submit your application:

Online: office@drkalish.com,

Fax: 707-939-7488

Mail: 2557 Trinity Rd Glen Ellen, CA 95442

Phone: 1-800-616-7708