



AGREEMENT TO PAY FOR PROFESSIONAL TRAINING

The cost for the education program is \$3,600. The 20 hours of supervision will be \$30 per group hour and \$75 per individual hour.

A \$500 deposit is required for registration.

Payment Type Check_____ Money order_____ Visa _____ MC _____ AMX_____

Please select on of the following

Deposit _____ Pay In Full _____

Name: _____

Credit Card # _____

Expiration Date: _____

Security Code: _____

Billing Zip Code: _____

I agree to provide my credit card information and for my credit card to be charged the appropriate fee as indicated above.

Signature: _____ Date _____

Printed Name: _____

Mail To

Dr. Carol L. Clark, P.A.
P.O. Box 530621
Miami, FL 33153-0621