



# Medicine Garden Registration – Full Program 2020

Today's Date \_\_\_\_\_

## Personal Information

Name (legal name) \_\_\_\_\_

Preferred Name (if different) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address (if different from permanent) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Costs & Payments

### Medicine Garden Full Program Cost: \$1800

#### Payment Options:

- 1) Pay in full
- 2) Payment plan: \$750 Deposit due 3/27/20, 7 monthly payments of \$150 afterwards.
- 3) Other payment plan approved by the Acorn School. Contact the school directly to make arrangements.

#### Payment Plan & Due Dates

3/27/20	4/3/20	5/1/20	6/5/20	7/3/20	8/21/20	9/4/20	10/2/20
\$750 Deposit	\$150 due	\$150 due	\$150 due	\$150 due	\$150 due	\$150 due	\$150 due

Check One	Which payment option do you choose?
<input type="checkbox"/>	I agree to pay the <b>FULL AMOUNT</b> of \$1800.00. Paid on _____.
<input type="checkbox"/>	I agree to pay the \$750 deposit and then <b>MONTHLY PAYMENTS</b> of \$150.00 due on the 1 <sup>st</sup> day of class each month; starting on 4/3/20 and ending on 10/2/20.
<input type="checkbox"/>	I agree to the following payment arrangement as approved by ASHM: _____ _____ _____

## **Payment Type**

You can send a check, money order or credit card info with this application, pay online or contact the school to set up a time to pay in person. Checks and money orders are payable to: *Acorn School of Herbal Medicine*.

### **How are you paying?**

Check     Money Order     Credit Card (below)     Online     At the School

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Online payment: Go to <https://www.acornherbschool.com/medicine-garden-registration.html>

### **Credit Card Authorization**

I, \_\_\_\_\_, authorize the Acorn School of Herbal Medicine  
(Print First & Last Name)  
to charge the above credit card for the payment arrangement that I have selected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Registration Agreement Terms**

- You may cancel this contract at any time during the first 7 days after signing this contract. You must contact ASHM directly during this time to qualify for a refund. After the 7 day period, no refunds will be given. All approved refunds will be made within 30 days from the date of cancellation.
- We accept payments in cash, check, money order or credit card. We can process all payments at ASHM.
- Credit card information can be changed at any time by contacting ASHM.
- All information that is provided is kept confidential. We do not share any personal information with any outside institutions and/or companies.

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***By signing the line below you are agreeing that all entries on this form are true and complete, and you are agreeing to be financially responsible to pay for the Medicine Garden Full Program as given by the Acorn School of Herbal Medicine.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_