

PROMISSORY NOTE

For: Name (please print clearly) _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ Email: _____

Level	Location	Date (include year)	Instructor	Cost
				\$
				+ \$30.00 Processing Fee
Instructor:	Total Cost:			\$

I, (print name) _____ do hereby agree to pay the total amount of \$ _____ to the Foundation for Human Enrichment over _____ months according to the payment schedule listed below (\$100 minimum per month). I agree to submit the amount of \$ _____ on or before the _____ day of _____, 20____ as a first payment to be able to participate in the above training program. I also understand that I will not be eligible to receive my Somatic Experiencing Practitioners (SEP) certificate until I have paid for all outstanding debt in full.

Failure to repay this agreement shall be governed and executed according by the laws of the State of Colorado regardless of the place of its execution of performance. Any controversy or claim arising out of or relating to this agreement shall be settled by arbitration in the county of Boulder, Colorado, in accordance with the rules of the American Arbitration Association. Judgement upon the award may be entered in any court having jurisdiction for this transaction.

Visa/ MC #: _____ Exp. date: _____

Signature: _____ Date: _____

Debits are taken out automatically on the 15th of each month by Visa or MasterCard only. If the 15th falls on a weekend or holiday, the payment will be processed on the following business day.

Payment Schedule	Date deducted	Payment Schedule	Date deducted
Date: / 15 / \$		Date: / 15 / \$	
Date: / 15 / \$		Date: / 15 / \$	
Date: / 15 / \$		Date: / 15 / \$	
Date: / 15 / \$		Date: / 15 / \$	
Date: / 15 / \$		Date: / 15 / \$	
Date: / 15 / \$		Date: / 15 / \$	
Date: / 15 / \$		Date: / 15 / \$	

The payment plan fee is \$30.00 for each Promissory Note set up with the FHE. No additional finance charges are associated with this plan. Participants cannot have an outstanding balance exceeding more than \$1300. If this should occur, participants can arrange to increase their month payment amount and add the additional class.