

# Infinity Institute International, Inc.

Licensed by the State of Michigan #19840003

**James W. Duncan, CHt. Director**

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## ● APPLICATION FORM ● Please Type or Print All Information

### GENERAL INFORMATION

NAME \_\_\_\_\_ S.S.# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY (USA) \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_ OTHER # (\_\_\_\_) \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_  
FAX (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### EDUCATION

1. **HIGH SCHOOL** (or equivalent) – NAME \_\_\_\_\_  
LOCATION \_\_\_\_\_ DATE OF COMPLETION \_\_\_\_\_  
2. **COLLEGE** (last attended) – NAME \_\_\_\_\_  
LOCATION \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
HIGHEST DEGREE EARNED AND MAJOR \_\_\_\_\_ COMPLETION DATE \_\_\_\_\_  
IF NO DEGREE, CREDITS EARNED \_\_\_\_\_ SUBJECT OF SPECIAL INTEREST \_\_\_\_\_  
3. **TRADE SCHOOL** – NAME \_\_\_\_\_  
LOCATION \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
DIPLOMA EARNED AND MAJOR \_\_\_\_\_ COMPLETION DATE \_\_\_\_\_  
IF NO DIPLOMA, CREDITS EARNED \_\_\_\_\_ SUBJECT OF SPECIAL INTEREST \_\_\_\_\_  
4. **OTHER EDUCATION** \_\_\_\_\_  
\_\_\_\_\_

**CURRENT EMPLOYMENT** Job Title \_\_\_\_\_ Date of Employment \_\_\_\_\_  
Name and address of employer \_\_\_\_\_

### HOW DID YOU HEAR ABOUT INFINITY INSTITUTE?

\_\_ Internet; \_\_ Newspaper; \_\_ Telephone Book; \_\_ Referral or Friend (name) \_\_\_\_\_  
\_\_ Other \_\_\_\_\_

### EXPERIENCE WITH HYPNOSIS

Briefly describe any experience with Hypnosis, i.e., previous courses, training, books, therapy, tapes, self-hypnosis, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WHAT I WANT TO LEARN IN THIS PROGRAM \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION, TUITION AND PAYMENT SCHEDULE in U.S. Funds Only, Drawn on a US Bank**

**SCHOOL APPLICATION FEE - \$25.00 (non-refundable)      REGISTRATION FEE - \$25.00 (for each course)\***

**TUITION DEPOSIT FEE** (to hold my place in the classroom) \$140.00 is required 10 days prior to the first day of class. I have received and read the school catalog. I understand the payment and refund policies listed below. Having been accepted as a student, I choose the following tuition plan.

- \_\_\_\_\_ Plan 1 Full tuition payment of individual course [plus applicable application and/or registration fee(s)] on or before 14 days prior to the 1<sup>st</sup> day of class.
- \_\_\_\_\_ Plan 2 Payment of \$140.00 deposit, [plus applicable application and/or registration fee(s)], the full balance due the 1<sup>st</sup> day of class.
- \_\_\_\_\_ Plan 3 Payment of \$140.00 deposit, [plus applicable application and/or registration fee(s)], with half of the balance due the 1<sup>st</sup> day of class, and the total balance due the 1<sup>st</sup> day of the second weekend of class.
- \_\_\_\_\_ Plan 4 **\*For discounted full payment of \$2,000.00** for entire 120-Hour training course on or before 14 days prior to the 1<sup>st</sup> day of class, (all application and registration fees waived) **Required reading and audio materials are not included** and must be paid for by the first meeting of each course in the training cycle.

Driver's License \_\_\_\_\_ Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Account # \_\_\_\_\_ Credit Reference – Name \_\_\_\_\_

I agree to pay Infinity Institute International, Inc., the sum of \$ \_\_\_\_\_ according to Plan \_\_\_\_ above. First payment of \$ \_\_\_\_\_

Due on or before \_\_\_\_\_. Second payment of \$ \_\_\_\_\_ due on or before \_\_\_\_\_.

Remaining balance of \$ \_\_\_\_\_ payable on \_\_\_\_\_.

Enclosed is my \_\_\_\_\_ Check \_\_\_\_\_ MO \_\_\_\_\_ Credit Card in the amount of \$ \_\_\_\_\_ to be applied toward application and tuition.

V/MC/Disc # \_\_\_\_\_ Exp Date Mo/Yr \_\_\_\_\_ CVV# \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

Refunds available 10 days prior to the first day of class less \$25.00 application/registration fee. First day of class the refund available is ¾ of tuition less \$25.00. No refunds available after first day of class. If school application is denied all tuition will be refunded.

**Please read and sign**

**CONTRACT AGREEMENT:** I hereby certify that all information contained in this application is true and complete. I understand that no certification or diploma will be issued until all financial obligations are met. This signature also serves as Credit Card authorization.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COURSE (S)**

CLASS TITLE \_\_\_\_\_

CLASS DATE (S) \_\_\_\_\_

**CONFIRMATION AND LOCATION**

Confirmation and exact location of class will be sent upon receipt of this document, application fee, and tuition deposit. Locations may change based on enrollment numbers for each class.

**FOR SCHOOL USE ONLY**

Date received \_\_\_\_\_ by school official \_\_\_\_\_ Amt paid \$ \_\_\_\_\_ Bal due \$ \_\_\_\_\_

Date received \_\_\_\_\_ by school official \_\_\_\_\_ Amt paid \$ \_\_\_\_\_ Bal due \$ \_\_\_\_\_

Full Bal Paid \$ \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: \_\_\_\_\_