

**HARTFORD FAMILY INSTITUTE'S CENTER FOR HEALING ARTS  
17 SOUTH HIGHLAND STREET  
WEST HARTFORD, CT 06119  
PROFESSIONAL TRAINING CONTRACT 2012-2013**

We are pleased to inform you that you have been accepted into Hartford Family Institute's Center for Healing Arts Training Program in In-Depth Body Psychotherapy & Subtle Energy Healing. We trust the acceptance is mutual. The cost of the program is \$3,600.00. The program includes an introductory weekend workshop, 27 weekly training sessions on Wednesday evening's and the five-day residential summer workshop. PLEASE SELECT YOUR TRACKS BEGINNING WITH 1st, 2ND AND 3<sup>RD</sup> CHOICE.

A deposit of \$900.00 along with this signed contract will hold your place in the program. The remaining fee will be divided into **three** payments. *All money must be paid by April 1<sup>st</sup>, 2013.*

<b>\$900.00 with contract</b>	<b>\$900.00 January 1, 2013</b>
<b>\$900.00 September 10, 2012</b>	<b>\$900.00 April 2, 2013</b>

**Non-attendance at the summer workshop or track weekends will not reduce the fee in any way.** Continuation in the program beyond November 1, 2012, constitutes a commitment for the entire \$3,600.00.

**The first meeting of the Training Program will be a Weekend Workshop on Saturday, September 15, and Sunday, September 16, 2012. The morning session on September 15 will begin at 9:30 AM and will be held at First Church of Congregation, 12 South Main St, West Hartford, CT. Lunch will be provided on Saturday. The afternoon session on Saturday will be held at HFI and will end at approximately 4:00 PM. The Sunday session will be held at HFI and will begin at 9:00 AM and will end at 2:00 PM. We look forward to seeing you then.**

The first Wednesday evening session of the Training Program will be on September 19, 2012. Wednesday evening sessions begin at 6:00 PM.

Your signature indicates that you agree to the above arrangements.

Your Signature	David Gilroy, Psy.,D, LPC <span style="float: right;">Date</span>
Stuart W. Alpert, Psy.D, LCSW	Naomi Lubin-Alpert, Psy.D, LMFT

<b>NAME &amp; CREDENTIAL</b>	
<b>POSTAL ADDRESS</b>	
<b>EMAIL ADDRESS</b>	
<b>HOME PHONE/W/C</b>	