

Barbara Brennan International, Inc.

THE BARBARA
BRENNAN
SCHOOL ®
OF HEALING
◆◆◆◆◆
Europe

2012-13 CLASS YEAR

CATALOGUE ADDENDUM

Brennan Healing Science® 2012-13 Professional Studies Program

RESIDENT TRAINING DATES

September 25–30, 2012

November 14–18, 2012

January 16–20, 2013

March 13–17, 2013

May 15–19, 2013

DISTANCE LEARNING MODULES DUE DATES

7 MODULES OF HOME STUDY EACH YEAR

YEAR 1

DLM 1 & 2: September 25, 2012*
DLM 3: October 12, 2012
DLM 4: October 26, 2012
DLM 5: January 2, 2013
DLM 6: February 22, 2013
DLM 7: April 22, 2013

*bring to Class #1

YEARS 2 & 3

DLM 1, 2 & 3: September 25, 2012*
DLM 4: October 26, 2012
DLM 5: January 2, 2013
DLM 6: February 22, 2013
DLM 7: April 22, 2013

*bring to Class #1

YEAR 4

DLM 1, 2 & 3: August 31, 2012
DLM 4: October 26, 2012
DLM 5: January 2, 2013
DLM 6: February 22, 2013
DLM 7: April 22, 2013

PROGRAM COSTS

Tuition for the 2012–13 school year is \$8,000 (U.S.).

Textbooks, travel, lodging and meals during the five Resident Training classes are additional costs. Students are also required to meet Personal Process and Anatomy and Physiology course requirements.



Professional Studies Program Information & Costs

2012–13 PROFESSIONAL STUDIES PROGRAM INFORMATION

CLOCK HOURS: YEAR 1: 233 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together) *Classes are taught in English*
 YEAR 2: 231 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together) *Classes are taught in English*
 YEAR 3: 230 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together) *Classes are taught in English*
 YEAR 4: 228 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together) *Classes are taught in English*

DISTANCE LEARNING: 7 Modules of home study each year

RESIDENT TRAINING: September 25–30, 2012 November 14–18, 2012 January 16–20, 2013 March 13–17, 2013 May 15–19, 2013 (8:00–21:00 Daily)

LOCATION: Resident Training is held at the Kongress & TheaterHaus and the Villa Seilern Vital Resort in Bad Ischl, Austria

(Because of the nature of the intensity and complexity of Resident Training, we strongly recommend that students stay on campus at the hotel for Resident Training.)

2012–13 PROGRAM DATES: YEAR 1: 10 Months Starting Date: August 1, 2012 Ending Date: May 19, 2013
 YEARS 2, 3, 4: 11 Months Starting Date: July 1, 2012 Ending Date: May 19, 2013

PROGRAM COSTS	YEAR 1	YEAR 2	YEAR 3	YEAR 4
TUITION	\$8,000 (U.S.)	\$8,000 (U.S.)	\$8,000 (U.S.)	\$8,000 (U.S.)
WORKBOOK FEE	\$200.00 (U.S.)	\$200.00 (U.S.)	\$200.00 (U.S.)	\$200.00 (U.S.)
REGISTRATION FEE	\$175.00 (U.S.)	N/A	N/A	N/A
YEAR 4 CASE AND PROJECT FEE	N/A	N/A	N/A	\$475.00 (U.S.)
TEXTBOOKS	Approx. \$205.00 (U.S.)	Approx. \$245.00 (U.S.)	Approx. \$195.00 (U.S.)	Approx. \$185.00 (U.S.)
PERSONAL PROCESS REQUIREMENT	Approx. \$60-\$125 (U.S.)/session (18 sessions required)	Approx. \$60-\$125 (U.S.)/session (18 sessions required)	Approx. \$60-\$125 (U.S.)/session (18 sessions required)	Approx. \$60-\$125 (U.S.)/session (18 sessions required)

TUITION AND PAYMENT POLICY:

- The tuition for the Professional Studies Program is \$8,000 (U.S.) per year. Tuition includes one 6-day and four 5-day Resident Training classes and 7 Distance Learning Modules (DLMs). It does not include room, meals, Anatomy and Physiology classes, or outside Personal Process work.
- A \$4,000 (U.S.), a \$1,700 (U.S.), or a \$1,500 (U.S.) deposit (depending on your payment plan), a \$200 (U.S.) student workbook fee, and a \$175 (U.S.) registration fee (for Year 1 applicants only) are paid upon applying to the program and must be postmarked and/or received by September 1, 2012 for Year 1 and August 15, 2012 for Years 2, 3, and 4 to avoid being charged a late fee.
- Unless you are on the payment plan, the balance of the tuition that is due must be received no later than November 15, 2012. Your deposit will be refunded if you are not accepted.
- If you are accepted into the program and find that you are unable to attend, \$1,000 (U.S.) of your tuition deposit will be refunded to you if you notify the school by September 1, 2012.
- **After September 1, 2012, all monies paid are nonrefundable.**
- If you withdraw your application within three (3) business days after the date of the Enrollment Agreement and payment is accepted by the school, all but \$1,000 (U.S.) of your tuition deposit will be refunded to you.
- **In other words, after September 1, 2012, you are responsible for the full tuition, whether or not you attend any classes. In addition, this tuition is for the 2012–13 school year and is not transferable.**
- Your agreement to become a student in this program is a serious financial, as well as personal, commitment. As part of your application process, you will be asked to sign a contract agreeing to pay the full amount of the year's tuition, whether or not you complete the year's classes or continue to be an active student in the program.
- **Payments received after the due date (September 1, 2012 for Year 1 applicants and August 15, 2012 for all other applicants) are subject to a \$100.00 (U.S.) Late Fee.**

DISCLAIMER: Students are not prepared or permitted to provide Brennan Healing Science services until they have graduated from the 4-year Professional Studies Program.

Every year, the school program and its costs are reviewed and tuition may be increased accordingly.

Student Applications

Congratulations on Deciding to Join Us for the 2012–13 School Year!

To finalize your enrollment, please read, refer to and fill out completely the Confidential Student Profile, the Authorization/Release Waiver, the Informed Consent and Release form, and the Enrollment Agreement.

Please *type* or *print* using blue or black ink. Read all information carefully, and make copies as needed for your records.

When all forms are fully completed, your mailing will include:

- **Confidential Student Profile (with your signature and date)**
- **Enrollment Agreement (with your signature and date)**
- **The School copy of the Authorization/Release Waiver (with your signature and date)**
- **The School copy of the Informed Consent and Release form (with your signature and date)**
- **Student Waiver and Release for Personal Process Work (with your signature and date)**
- **Four (4) recent color passport photos and, for Year 1 applicants, proof of education**

Please mail all documents with proper postage to the address shown below. For your convenience, you may fax your documentation to the School Registrar's Office as well.

Again, we are delighted you are joining us on this wondrous journey of learning, enlightenment, personal transformation and healing.

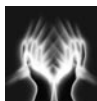
We look forward to seeing you at class!

Mail all forms to the School at:

The Barbara Brennan School of Healing *EUROPE*
500 N.E. Spanish River Boulevard
Suite 208
Boca Raton, FL 33431-4559 • USA

Telephone: +1 561-620-9218
Fax: +1 561-620-9028

PLEASE PAPERCLIP
FOUR (4)
RECENT COLOR
PASSPORT PHOTOS.



BARBARA BRENNAN[®] SCHOOL OF HEALING *EUROPE* 500 N.E. Spanish River Boulevard • Suite 208 • Boca Raton, FL 33431-4559 • USA
+1.561.620.9218 • Fax: +1.561.620.9028 • E-mail: bbii@barbarabrennan.com

Please answer all questions and PRINT clearly with blue or black ink. Mark N/A if not applicable.

I AM REGISTERING FOR: Professional Studies Year 1 Professional Studies Year 2 Professional Studies Year 3 Professional Studies Year 4

STUDENT INFORMATION

First / Given Name	Middle Initial	Home Phone*	Work Phone*
Last / Family Name		Name You Would Like on Your Nametag (if different than name listed)	
Address		International Identification #	
City		Age	
Postal Code		Date of Birth (Month/Day/Year)	
Country		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____	
		Fax*	
		E-mail	

*List country and city codes, hyphenating between: Country Code-City Code-Number

Add my name to the list of students needing roommates, and send me the list. (Please notify the School Registrar upon obtaining a roommate.)

LANGUAGE INFORMATION (NOTE: ALL CLASSES ARE TAUGHT IN ENGLISH)

Can you speak English? Yes, fluently Yes, fairly well No If no, what is your primary language? _____
List other language(s) you are fluent in: _____

EDUCATION/OCCUPATION INFORMATION - ONLY PS YEAR 1 STUDENTS NEED TO PROVIDE THE SHADED EDUCATION INFORMATION

PS 1 applicants must have completed 12 years of education/schooling. As proof of completion, I have attached a copy of my:

Diploma, Certificate or Transcript Other _____

Highest Level of Education Completed (Indicate Type of Diploma/Degree): _____

Occupation: _____ For how long? _____

Are you a healthcare professional? Yes No List all healthcare/helping professions experience: _____

List the therapeutic/spiritual groups in which you presently participate for support, and any training or study in spiritual growth, healing or healthcare you have had: _____

HEALTH INFORMATION

List medications currently being taken, and the conditions prescribed for: _____

List medications taken within the past 2 years, and the conditions they were prescribed for: _____

List present physical problems: _____

Have you ever been hospitalized for psychological difficulties?

Yes No If yes, for what and when? List date(s): _____

Have you ever been treated for psychological difficulties or has hospitalization been recommended?

Yes No If yes, for what and when? List date(s): _____

IN CASE OF EMERGENCY, CONTACT:

First Name MI Last Name Relationship to You

Address City Postal Code Country

Home Phone* Work Phone* *International: List country/city codes using hyphens (Country Code - City Code - Number)

SIGNATURE: _____ / /
Student Signature (Student must be 18 years of age older) Student Name (Please print) Date



BARBARA BRENNAN[®] SCHOOL OF HEALING EUROPE 500 N.E. Spanish River Boulevard • Suite 208 • Boca Raton, FL 33431-4559 • USA
+1.561.620.9218 • Fax: +1.561.620.9028 • E-mail: bbii@barbarabrennan.com

(FOR PROGRAM PARTICIPANTS, STUDENTS AND SCHOOL EMPLOYEES)

School Copy:

**Please sign and date both sides of this page,
and return to the School.**

The undersigned, in consideration of the mutual promises set forth below, and for other valuable consideration, the receipt of which the undersigned acknowledges, agrees as follows:

- I. The individual undersigned acknowledges that Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBII), and the Barbara Brennan School of Healing Europe (BBSHE), (hereinafter collectively, unless noted differently, referred to as "the School") has made or is going to make videotape and audiotape recordings of its various programs including classes, workshops or other programs in which the individual undersigned is now, has been or hereafter may be involved or may participate in, and BBI intends to copyright the material presented and to use some or all of that material in connection with future classes, workshops, book publications and commercial tapes, and in connection with other ventures which may or may not be commercial.

The individual undersigned authorizes the School and/or its designees and/or its assignees to record, by audio, video, photographic or other means, the classes, workshops and other programs and the individual undersigned's participation in them, to copyright such recordings, and to use, re-use, publish and re-publish and re-record them, in whole or in part, with or without other material, in any medium for any purpose. This authorization expressly includes the right to record, reproduce or otherwise use the individual undersigned's face, name, likeness and voice.

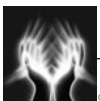
The individual undersigned hereby releases and discharges the School and its designees or assignees from any and all claims and demands arising out of or in connection with the use of the foregoing and waives any rights the individual undersigned may have against the School arising out of the use and publication of said material in any manner, whether for commercial exploitation or otherwise.

This Authorization/Release/Waiver shall be for the School's benefit and that of its designees and any legal representatives, assignees and/or licensees of the School or such designee.

- II. Any recording of any activities at or in connection with the School that the individual undersigned obtains (whether by purchase or otherwise) will be for personal use only, and will not be used in any audio, video, or other reproduction or personal use, except upon securing BBI's prior written consent. The individual undersigned will not reproduce it and will not lend, sell or otherwise dispose of it to anyone, or make a transcript of any such recording except for personal use only. If the individual undersigned makes a transcript, it will not be sold, lent or reproduced, or otherwise disposed of.
- III. This agreement benefits and binds both parties. As to the individual undersigned, it will apply to all classes, workshops and other programs in which the individual undersigned participates during any and all years in which he/she attends the School, at all locations in which any of the School's activities are carried out or held.

I understand that I am signing this Authorization/Release/Waiver to cover my participation in all the School programs.

SIGNATURE: _____
Individual Undersigned Signature Individual Undersigned Name (Please print) Date



BARBARA BRENNAN® SCHOOL OF HEALING EUROPE 500 N.E. Spanish River Boulevard • Suite 208 • Boca Raton, FL 33431-4559 • USA

+1.561.620.9218 • Fax: +1.561.620.9028 • E-mail: bbii@barbarabrennan.com

School Copy:

**Please sign and date both sides of this page,
and return to the School.**

The undersigned, in consideration of the mutual promises set forth below, and for other valuable consideration, the receipt of which the undersigned acknowledges, agrees as follows:

I have registered for a Brennan Healing Science Program, which includes classes and other related activities (hereinafter collectively called "the Program") offered by Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBII), and the Barbara Brennan School of Healing Europe (BBSHE), (hereinafter collectively, unless noted differently referred to as "the School").

I have been informed that the general nature of the Program and the techniques used therein are designed to provide training in the art of Brennan Healing Science and will present situations that may be physically or emotionally stressful at various stages of the Program. The School has informed me that the Program is designed for healthy and emotionally stable people and that a person who, as a result of a physical, mental, or emotional disorder, is unable or unwilling to explore emotionally stressful situations or unable to deal with other aspects of the Program should not enroll in the Program, or remain as a participant in the Program. I understand that if the School determines that I need even more personal support it can require, at any time throughout the Program, that I participate in weekly bodywork or psychotherapy sessions with a practitioner approved by the School or see a physician or other healthcare professional of my choice in order to remain a student in the Program. If at any time I feel that I am unwilling or unable to engage in any exercise or aspect of the Program, or if I experience any unwanted symptoms or unusual discomfort or stress, I agree to inform the person leading the Program at once.

I represent to you that I am not now nor have I been hospitalized for a mental disorder within the past five years. I am not currently taking psychotropic medications (which include anti-anxiety agents, anti-manic agents, anti-depressants, psychostimulants, anti-panic medication, and anti-psychotics), seizure disorder medications, or prescription sedatives and have not taken psychotropic medications, seizure disorder medications, or prescription sedatives within the following proscribed periods and no such treatment has been recommended. In the case of psychotropics classified as anti-psychotic, the proscribed period shall be two years. In the case of other psychotropics, seizure disorder medications, or prescription sedatives, the proscribed period shall be six months. I understand that this prohibition shall apply to the time period commencing with this application through my participation in the Program. I further represent that I am physically and mentally healthy, that I have no knowledge or reason to believe I am emotionally unstable, and that I will consult my own physician or other healthcare professional if there is any question in my mind about my physical or emotional ability to participate in the Program.

I acknowledge that the Program will involve students practicing on each other and that therefore there will be occasions when one or more other students will be practicing on me. I consent to this and I agree that the School will not be liable or responsible in any way for any aspect or outcome of this student practice.

I acknowledge the importance of the confidentiality of the identity and conversation of other participants in the Program and agree not to divulge or discuss what goes on in the Program outside of the classroom. I further agree not to use any mailing list of students in the Program without the consent of the students.

I understand that it is the School's position that I am not prepared or permitted to provide Brennan Healing Science services until I have graduated from the 4-year Professional Studies Program. I understand that the School, or any of its instructors or employees, cannot be used as a reference or credential in any form, including on a resume or curriculum vitae or as a reference or representation to any third party, nor may I represent or hold myself out to any third party that I have trained as a healer, unless and until I have graduated from the 4-year Professional Studies Program.

I understand and agree that it is my responsibility to follow all applicable laws, codes, ordinances and regulations in relation to my practice of, including my observation of, and whether or not for financial gain, the information taught by the School.

I understand and agree that all written or other materials which may be presented during the Program are the property of BBI.

I understand and agree that videotaping, audiotaping, and photographing of all or any portion of the Program is strictly prohibited. I agree not to reproduce, copy, or otherwise duplicate, publish, or disseminate in any way any such materials without the express written permission of BBI, and I further agree not to use the name of, or hold myself out to be an agent, employee, or representative of the School without the express written permission of the School. Under no circumstances will I teach any of the Barbara Brennan materials or conduct any workshops or seminars using Barbara Brennan materials. I am aware that I may not, for any reason, use Barbara Brennan's name for purposes of advertising for any of my personal workshops. I understand and agree that during and after attending the School and even after I have graduated from the Program, I cannot conduct any practice of any kind unless the laws and regulations of my state and country allow me to do so; my attendance at the Program by itself confers no such right or entitlement to do so.

If for any reason Resident Training classes have to be rescheduled due to circumstances beyond the School's control, such as inclement weather, personal tragedy, or illness, classes will be rescheduled at the sole discretion of the School. Any such rescheduling shall not in any way affect the student's financial obligation.

I understand that you are relying on this agreement in accepting me into the School, and I agree that if I violate any one or more of these conditions at any time, and as a result thereof any claim is made or action is taken against the School and/or any of its principals, officers, directors, instructors, or employees, I will indemnify and hold harmless the School and/or any of its principals, officers, directors, instructors, or employees from any costs and expenses incurred (including attorneys' fees).

I hereby assume for myself, heirs, executors, administrators, and assigns, all risk of physical and emotional injury which may occur during or after the Program. I agree to release and hold the School, its employees, and agents harmless from any liability, loss, cost, or damage arising out of my participation in the Program.

I understand and accept the foregoing rules and regulations as a condition to my acceptance into the School and as a continuing condition to my remaining in good standing as a student in the School. I understand that any alteration of this Informed Consent and Release automatically cancels my admission into the Program. I have not altered the terms of this Informed Consent and Release. I understand that I am signing this Informed Consent and Release to cover my participation for the entire duration of the Program and thereafter. I have read, understood and am accepting the "Adjunctive Requirements" and "School Standards and Policies" sections from the BBSHE School Catalogue. I am 18 years of age or older. I have read and consent to all conditions on this Informed Consent and Release.

SIGNATURE: _____

Individual Undersigned Signature

Individual Undersigned Name (please print)

Date



BARBARA BRENNAN® SCHOOL OF HEALING EUROPE 500 N.E. Spanish River Boulevard • Suite 208 • Boca Raton, FL 33431-4559 • USA
+1.561.620.9218 • Fax: +1.561.620.9028 • E-mail: bbii@barbarabrennan.com

(FOR PROGRAM PARTICIPANTS, STUDENTS AND SCHOOL EMPLOYEES)

Student Copy:

**Please sign and date both sides of this page,
and keep it for your records.**

The undersigned, in consideration of the mutual promises set forth below, and for other valuable consideration, the receipt of which the undersigned acknowledges, agrees as follows:

- I. The individual undersigned acknowledges that Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBII), and the Barbara Brennan School of Healing Europe (BBSHE), (hereinafter collectively, unless noted differently, referred to as “the School”) has made or is going to make videotape and audiotape recordings of its various programs including classes, workshops or other programs in which the individual undersigned is now, has been or hereafter may be involved or may participate in, and BBI intends to copyright the material presented and to use some or all of that material in connection with future classes, workshops, book publications and commercial tapes, and in connection with other ventures which may or may not be commercial.

The individual undersigned authorizes the School and/or its designees and/or its assignees to record, by audio, video, photographic or other means, the classes, workshops and other programs and the individual undersigned's participation in them, to copyright such recordings, and to use, re-use, publish and re-publish and re-record them, in whole or in part, with or without other material, in any medium for any purpose. This authorization expressly includes the right to record, reproduce or otherwise use the individual undersigned's face, name, likeness and voice.

The individual undersigned hereby releases and discharges the School and its designees or assignees from any and all claims and demands arising out of or in connection with the use of the foregoing and waives any rights the individual undersigned may have against the School arising out of the use and publication of said material in any manner, whether for commercial exploitation or otherwise.

This Authorization/Release/Waiver shall be for the School's benefit and that of its designees and any legal representatives, assignees and/or licensees of the School or such designee.

- II. Any recording of any activities at or in connection with the School that the individual undersigned obtains (whether by purchase or otherwise) will be for personal use only, and will not be used in any audio, video, or other reproduction or personal use, except upon securing BBI's prior written consent. The individual undersigned will not reproduce it and will not lend, sell or otherwise dispose of it to anyone, or make a transcript of any such recording except for personal use only. If the individual undersigned makes a transcript, it will not be sold, lent or reproduced, or otherwise disposed of.
- III. This agreement benefits and binds both parties. As to the individual undersigned, it will apply to all classes, workshops and other programs in which the individual undersigned participates during any and all years in which he/she attends the School, at all locations in which any of the School's activities are carried out or held.

I understand that I am signing this Authorization/Release/Waiver to cover my participation in all the School programs.

SIGNATURE: _____
Individual Undersigned Signature Individual Undersigned Name (Please print) Date

2012–13 Student Waiver and Release for Personal Process Work



BARBARA BRENNAN[®] SCHOOL OF HEALING EUROPE 500 N.E. Spanish River Boulevard • Suite 208 • Boca Raton, FL 33431-4559 • USA
+1.561.620.9218 • Fax: +1.561.620.9028 • E-mail: bbii@barbarabrennan.com

PAGE 1 OF 1

Please write your name in the space in the first paragraph, sign and date at the bottom of the page, and return to the School. A copy will be returned to you upon acceptance.

This Waiver and Release is made by and between the Barbara Brennan School of Healing Europe (including all of its affiliates, related entities, and successors) (collectively "BBSHE"), and the student _____ (including the student's successors, heirs, assigns, and executors) (collectively "Student") who is currently enrolled in BBSHE, or has satisfied the standards for acceptance into BBSHE.

By accepting Student's application, BBSHE undertakes to provide Student the education generally described in the BBSHE Catalogue. By enrolling in BBSHE, Student undertakes to abide by all BBSHE academic policies and requirements. In partial consideration for these mutual undertakings, BBSHE and Student expressly acknowledge, stipulate, and agree as follows:

1. BBSHE requires Student to complete a minimum of eighteen (18) Personal Process sessions per school year with an independent, qualified Personal Process Practitioner, to support Student's personal process while at BBSHE. In exceptional circumstances, BBSHE may in its sole discretion require Student to obtain additional sessions to further support Student's personal process.
2. BBSHE may generally prescribe the acceptable education(s), training(s), and credential(s) of the Personal Process Practitioners that Student may employ to satisfy this BBSHE requirement.
3. BBSHE does not recommend or require that Student employ any particular Personal Process Practitioner to satisfy Student's Personal Process Requirement. The choice of a qualified Practitioner is Student's sole responsibility and in Student's sole discretion, but the Practitioner must be qualified as set forth in the school catalogue.
4. Student's Personal Process Practitioner is an independent professional, and does not act as an employee or agent of BBSHE. Any client relationship is solely between Student and the Practitioner, and is held in strict confidentiality. BBSHE is not privy to and exercises no oversight, direction, regulation, or control of any Practitioner's private work with Student. BBSHE does not endorse, or assume any liability for the performance or actions of, any Personal Process Practitioner that Student may employ. The terms of this paragraph and this Waiver and Release include and fully apply to Personal Process Practitioners who have trained in or graduated from any BBSHE/BBSH program, including the BBSH Supervision Training Program, and any other Personal Process Practitioner chosen by the Student to fulfill the requirements set forth in paragraph 1 of this Waiver and Release agreement. No such Practitioner provides any service to Student on behalf of BBSHE or in his or her capacity as a BBSHE faculty member or employee.
5. In consideration of the terms hereof, Student hereby waives, releases, remises, acquits and forever discharges and holds harmless BBSHE (including all BBSHE officers, employees, and agents acting within the scope of their employment or agency), from any and all losses, claims, demands, costs, attorneys fees, and liabilities whatsoever arising out of or relating to Student's choice of, work with, or interactions with any and all Personal Process Practitioners employed or used by Student.
6. Any claim or controversy arising out of, or relating to, this Waiver and Release, will be submitted to a court of competent jurisdiction in the State of Florida. If any provision of this Waiver and Release is held invalid, the remainder shall not be affected and will continue in full force and effect. This Waiver and Release may not be modified, changed, or altered except in a writing signed by the parties.

EACH PARTY HAS CAREFULLY REVIEWED AND UNDERSTANDS ALL PROVISIONS OF THIS WAIVER AND RELEASE, HAS HAD THE OPPORTUNITY TO CONSULT WITH LEGAL ADVISORS, AND FREELY AND VOLUNTARILY ENTERS INTO THIS WAIVER AND RELEASE.

By: _____
Student Signature

By: _____
Authorized representative for BBSHE

Printed Student Name

Date: _____

Date: _____



2012–13 Professional Studies Enrollment Agreement

DISCLAIMER: Students are not prepared or permitted to provide Brennan Healing Science services until they have graduated from the 4-year Professional Studies Program.

STUDENT INFORMATION

First Name	Last Name	Home Phone*	<i>*Include country and city codes</i>
Address		Work Phone*	
		Cell Phone*	
City	Postal Code	Fax*	
Country		E-mail	

2012–13 PROFESSIONAL STUDIES PROGRAM INFORMATION

PROGRAM TITLE: Brennan Healing Science Professional Studies

CLOCK HOURS:
 YEAR 1: 233 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together)
 YEAR 2: 231 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together)
 YEAR 3: 230 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together)
 YEAR 4: 228 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together)

RESIDENT TRAINING: September 25–30, 2012 November 14–18, 2012 January 16–20, 2013 March 13–17, 2013 May 15–19, 2013 (8:00-21:00 Daily)

LOCATION: Resident Training is held at the Kongress & TheaterHaus and the Villa Seilern Vital Resort in Bad Ischl, Austria
(Because of the nature of the intensity and complexity of Resident Training, we strongly recommend that students stay on campus at the hotel for Resident Training.)

PROGRAM DATES YEAR 1: 10 Months Starting Date: August 1, 2012 Ending Date: May 19, 2013 *(Classes are taught in English.)*

PROGRAM DATES YEARS 2, 3, 4: 11 Months Starting Date: July 1, 2012 Ending Date: May 19, 2013 *(Classes are taught in English.)*

PROGRAM COSTS	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Tuition	\$8,000.00 (U.S.)	\$8,000.00 (U.S.)	\$8,000.00 (U.S.)	\$8,000.00 (U.S.)
Workbook Fee	\$200.00 (U.S.)	\$200.00 (U.S.)	\$200.00 (U.S.)	\$200.00 (U.S.)
Registration Fee	\$175.00 (U.S.)	N/A	N/A	N/A
Year 4 Case and Project Fee	N/A	N/A	N/A	\$475.00 (U.S.)
Textbooks	Approximately \$205.00 (U.S.)	Approximately \$245.00 (U.S.)	Approximately \$195.00 (U.S.)	Approximately \$185.00 (U.S.)
Personal Process Requirement	Approximately \$60.00 - \$125.00 (U.S.) per session (18 sessions required)	Approximately \$60.00 - \$125.00 (U.S.) per session (18 sessions required)	Approximately \$60.00 - \$125.00 (U.S.) per session (18 sessions required)	Approximately \$60.00 - \$125.00 (U.S.) per session (18 sessions required)

2012–13 TUITION AND PAYMENT POLICY

- The tuition for the Professional Studies Program is \$8,000 (U.S.) per year. Tuition includes one 6-day and four 5-day Resident Training classes and 7 Distance Learning Modules (DLMs). It does not include room, meals, anatomy & physiology classes, or outside personal process work.
- A \$4,000 (U.S.), a \$1,700 (U.S.), or a \$1,500 (U.S.) deposit (depending on your payment plan), a \$200 (U.S.) student workbook fee, and a \$175 (U.S.) registration fee (for Year 1 applicants only) are paid upon applying to the program and must be postmarked and/or received by **September 1, 2012 for Year 1** and **August 15, 2012 for Years 2, 3 and 4** to avoid being charged a late fee.*
- Unless you are on the payment plan, the balance of the tuition that is due must be received no later than November 15, 2012. Your deposit will be refunded if you are not accepted.
- If you are accepted into the program and find that you are unable to attend, \$1,000 (U.S.) of your tuition deposit will be refunded to you if you notify the school by September 1, 2012.
- After September 1, 2012, all monies paid are nonrefundable.**
- If you withdraw your application within three (3) business days after the date of the Enrollment Agreement and payment is accepted by the school, all but \$1,000 (U.S.) of your tuition deposit will be refunded to you.
- In other words, after September 1, 2012, you are responsible for the full tuition, whether or not you attend any classes. In addition, this tuition is for the 2012–13 school year and is not transferable.**
- Your agreement to become a student in this program is a serious financial, as well as personal, commitment. As part of your application process, you are signing this contract agreeing to pay the full amount of the year's tuition, whether or not you complete the year's classes or continue to be an active student in the program.

PLEASE CHECK THE YEAR YOU ARE REGISTERING FOR:	
<input type="checkbox"/> Year 1	Payment/enrollment due dates: Year 1: September 1, 2012*
<input type="checkbox"/> Year 2	Payment/enrollment due dates: Year 2: August 15, 2012*
<input type="checkbox"/> Year 3	Payment/enrollment due dates: Year 3: August 15, 2012*
<input type="checkbox"/> Year 4	Payment/enrollment due dates: Year 4: August 15, 2012*
*Payments received after due date are subject to a \$100.00 (U.S.) Late Fee.	

Every year, the school program and its costs are reviewed and tuition may be increased accordingly.



2012-13 Professional Studies Enrollment Agreement

PAYMENT METHOD

VISA MasterCard Discover Wire Transfer

- - -

Credit Card Number

-

Exp. date (Month/Year)

last 3-digits on back of card

Name (PRINT exactly as it appears on card) _____ Signature _____

PAYMENT OPTIONS • PLEASE CHECK ONE OF THE FOLLOWING FIVE PAYMENT OPTIONS

<input type="checkbox"/> PAYMENT IN FULL		<input type="checkbox"/> PARTIAL PAYMENT		<input type="checkbox"/> Automatically charge my credit card for the balance of my tuition on November 15, 2012. (Complete credit card information above.)	
\$8,000.00 (U.S.)	8,000.00 Resident Training and DLM Tuition	\$4,000.00 (U.S.)	4,000.00 Resident Training and DLM Tuition Deposit		
\$200.00 (U.S.)	+ 200.00 Student Workbook Fee	\$200.00 (U.S.)	+ 200.00 Student Workbook Fee		
	+ 175.00 Registration Fee (Year 1 Applicants only)		+ 175.00 Registration Fee (Year 1 Applicants only)		
	+ 475.00 Case and Project Fee (Year 4 Applicants only)		+ 475.00 Case and Project Fee (Year 4 Applicants only)		
	+ 100.00 Late Fee (Year 1: after September 1, 2012; Years 2, 3, 4: after August 15, 2012)		+ 100.00 Late Fee (Year 1: after September 1, 2012; Years 2, 3, 4: after August 15, 2012)		
Total Amount Enclosed		Total Amount Enclosed • \$4,000.00 (U.S.) Tuition Balance Due by November 15, 2012			

<input type="checkbox"/> PAYMENT PLAN FOR YEAR 1		<input type="checkbox"/> PAYMENT PLAN FOR YEARS 2 AND 3		<input type="checkbox"/> PAYMENT PLAN FOR YEAR 4																			
\$1,500.00 (U.S.)	1,500.00 Resident Training and DLM Tuition Deposit	\$1,500.00 (U.S.)	1,500.00 Resident Training and DLM Tuition Deposit	\$1,700.00 (U.S.)	1,700.00 Resident Training and DLM Tuition Deposit																		
\$200.00 (U.S.)	+ 200.00 Student Workbook Fee	\$200.00 (U.S.)	+ 200.00 Student Workbook Fee	\$475.00 (U.S.)	+ 475.00 Case and Project Fee																		
\$175.00 (U.S.)	+ 175.00 Registration Fee		+ 100.00 Late Fee (after August 15, 2012)	\$200.00 (U.S.)	+ 200.00 Student Workbook Fee																		
	+ 100.00 Late Fee (after September 1, 2012)				+ 100.00 Late Fee (after August 15, 2012)																		
Total Amount Enclosed		Total Amount Enclosed		Total Amount Enclosed																			
\$6,500.00 (U.S.) Tuition Balance Due		\$6,500.00 (U.S.) Tuition Balance Due		\$6,300.00 (U.S.) Tuition Balance Due																			
<table border="1"> <tr><th colspan="2">Your payment schedule will be:</th></tr> <tr><th>Number of Payments</th><th>Each Payment Amount</th></tr> <tr><td>10</td><td>\$650</td></tr> </table>		Your payment schedule will be:		Number of Payments	Each Payment Amount	10	\$650	<table border="1"> <tr><th colspan="2">Your payment schedule will be:</th></tr> <tr><th>Number of Payments</th><th>Each Payment Amount</th></tr> <tr><td>10</td><td>\$650</td></tr> </table>		Your payment schedule will be:		Number of Payments	Each Payment Amount	10	\$650	<table border="1"> <tr><th colspan="2">Your payment schedule will be:</th></tr> <tr><th>Number of Payments</th><th>Each Payment Amount</th></tr> <tr><td>9</td><td>\$700</td></tr> </table>		Your payment schedule will be:		Number of Payments	Each Payment Amount	9	\$700
Your payment schedule will be:																							
Number of Payments	Each Payment Amount																						
10	\$650																						
Your payment schedule will be:																							
Number of Payments	Each Payment Amount																						
10	\$650																						
Your payment schedule will be:																							
Number of Payments	Each Payment Amount																						
9	\$700																						
<p>First payment is due October 15, 2012. Additional payments are due on the fifteenth day of each month thereafter, for a total of 10 months. There is a \$50.00 (U.S.) late charge for payments received after 10 days of due date.</p>		<p>First payment is due October 15, 2012. Additional payments are due on the fifteenth day of each month thereafter, for a total of 10 months. There is a \$50.00 (U.S.) late charge for payments received after 10 days of due date.</p>		<p>First payment is due September 15, 2012. Additional payments are due on the fifteenth day of each month thereafter, for a total of 9 months. There is a \$50.00 (U.S.) late charge for payments received after 10 days of due date.</p>																			
<input type="checkbox"/> Automatically charge my credit card for the balance of my tuition payments on the fifteenth day of each month as specified in this payment plan. (Complete credit card information above.)		<input type="checkbox"/> Automatically charge my credit card for the balance of my tuition payments on the fifteenth day of each month as specified in this payment plan. (Complete credit card information above.)		<input type="checkbox"/> Automatically charge my credit card for the balance of my tuition payments on the fifteenth day of each month as specified in this payment plan. (Complete credit card information above.)																			

For wire transfer: For information on wire transfer of funds, please contact the BBSHE Finance Department.

- Students must keep their tuition payments current at all times. Students who are not current with their tuition payments are not permitted to enter Resident Training classrooms and are not permitted to continue with the Distance Learning Modules.
- All prices for programs are printed herein. There are no additional carrying charges, interest charges, or service charges connected or third party charges at any time.
- For all payments made by wire transfer of funds, any fees deducted by the sending and receiving of funds due the school will be billed to the student's account. Any intermediate fees charged by the student's bank are the student's sole responsibility. Cost of credit is included in the price costs for the goods and services.
- Costs for transportation, lodging, and meals during Resident Training; textbooks; personal process sessions; and A&P are not included in the tuition amount.
- A Diploma is issued to each student who successfully completes the Program.
- This Agreement constitutes a binding contract upon acceptance by the School. This Agreement may be executed in counterparts and/or by facsimile, any such counterpart or facsimile shall for all purposes, be deemed an original but all such counterparts or facsimiles together shall constitute but one and the same instrument.

Note: A form of payment must be included for tuition deposit or registration fee in order to process application.

SIGNATURE

Return this form to BBSHE. A copy will be returned to you upon acceptance.

Print Your Name

(X) _____
Student Signature

Date

FOR OFFICE USE ONLY. ACCEPTED BY:

School Official

Title

Date

Payment Amount Received: \$ _____