

# NLP/HNLP Certification Training

Please indicate with a cross below which training you are attending and at what price:

| <b>2010</b>  |                 |                           |                |          |           |
|--|-----------------|---------------------------|----------------|----------|-----------|
| Training   | Dates           | Location                  | Early booking* | Standard | Corporate |
| <b>Certified NLP/HNLP Coach Practitioner Training</b>        | 23-29 Oct       | South Africa<br>Cape Town | -              | R 14 500 | R 15 500  |
| <b>Certified NLP/HNLP Coach Practitioner Training</b>        | 2-8 Oct         | Spain<br>Majorca          | -              | € 1 900  | € 2 000   |
| <b>Certified Master NLP/HNLP Coach Practitioner Training</b> | 9-12, 15-18 Nov | South Africa<br>Cape Town | R 15 500       | R 16 500 | R 17 500  |
| <b>2011</b>  |                 |                           |                |          |           |
| <b>Certified NLP/HNLP Coach Practitioner Training</b>        | 13-19 March     | South Africa<br>Cape Town | R 14 000       | R 15 000 | R 16 000  |

**\* To qualify for the early booking price, course fee must be paid in full 3 months prior to the start of the training.**

**NLP/HNLP Coach Practitioner Training & Practitioner of Ericksonian Hypnotherapy package:** Enroll for both the NLP/HNLP Coach Practitioner Training AND Practitioner of Ericksonian Hypnotherapy and get the Practitioner of Ericksonian Hypnotherapy for only R 2000 in South Africa (Standard price R 4000) or for only € 350 (Standard price € 500) in Spain.

**Payment from within South Africa**

**Bank name:** ABSA Bank  
**Account name:** Jevon Dängeli  
**Savings Account** 9151510804  
**Branch Code** 632005

**Payment from within Europe**

**Bank Name:** Sa Nostra  
**Account name:** Neuro-Linguistics.Net  
**Account** CC 2051 - 0285 - 10 - 1070004663  
**IBAN** ES83 2051 0285 1010 7000 4663  
**BIC** CECAESMM051

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Name of company \_\_\_\_\_

Address (home) \_\_\_\_\_

Phone number Cell \_\_\_\_\_ Land line \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_ Date of Birth \_\_\_\_\_

Where did you hear about Neuro-Linguistics.Net? \_\_\_\_\_

Additional information: e.g. \_\_\_\_\_  
 phobias, allergies, current medical  
 treatment (if any)

Previous experience of NLP or related training/experience \_\_\_\_\_

# NLP/HNLP Certification Training

## **TERMS AND CONDITIONS**

### **Payment Policy**

A deposit of 30% of the total price must be paid at least 2 months prior to the start of the training. The full amount must be paid at least one month prior to the start of the training. If special arrangements for payment have been made, these must be supplied in writing and signed by yourself and Neuro-Linguistics.Net.

### **Cancellation Policy**

If you cancel within a month before the training is due to start, 30% of the full course price will be retained. Cancellation within 15 days, 50% of the full course price will be retained. Cancellation within 7 days, 75% of the full course price will be retained. Cancellation within 3 days, 100% of the full course price will be retained.

### **Refund policy**

30% of the course fee is considered payment for your MP3s and manual. Once your MP3s and manual have been received, 30% of your course fee becomes non-refundable regardless of any reason for cancellation from either yourself or Neuro-Linguistics.Net. For refunds due to cancellation, please see cancellation policy.

### **Postponements**

It is possible to postpone your attendance to a later course. If you postpone to a later course, you will be responsible for any additional costs resulting from such postponement (e.g. venue costs, Neuro-Linguistics.Net price increases etc.).

All courses are dependent on a minimum number of students in order to ensure that delegates have the appropriate learning experience; therefore Neuro-Linguistics.Net reserves the right to postpone at their discretion. Any financial losses arising thereof (i.e. flight cancellations) are the responsibility of the participant.

### **Age of consent**

I certify that I agree with all the above terms and conditions and that I am over 18 years of age. (If under 18 years of age this form must be signed by your legal guardian).

### **Responsibility**

I understand that this training course is not a replacement for medical or psychotherapy treatment.

Name: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

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

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

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

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

**Please fill out both pages and fax to any of the the fax numbers below:**

**South Africa +27 (0) 86 613 7707**

**UK +44 (0) 872 115 0583**