

SLATER MUSIC ACADEMY WINTER-SPRING 2010 REGISTRATION AND PAYMENT FORM

Length of term: Winter/Spring 2010 term consists of 17 lessons taken between the dates of January 18 and May 30. To receive the discount rate, pay for all the lessons in the term (plus the \$10 family registration fee, if not already paid last term) at registration. If enrolling late, pay for lessons remaining plus the registration fee.

***Four-payment installment plan (PRE-PAY ONLY):** With credit card or post-dated check, you may pay for the full term in four easy installments. Rates are \$1.00 more per half-hour lesson (pro-rated proportionately for longer lessons) than the discount rate if this plan is chosen. How to choose this plan:

- Complete the table below and then write four checks, one dated at the time of enrollment (including the \$10 family registration fee, if applicable) and three post-dated for February 18, March 18 and April 18 for your instructor’s four payments rate in the table below (pro-rate proportionately for longer lessons), OR
- Complete the table below and the credit card payment form on backside of form (please sign at the bottom so we have permission to charge your credit card for future payments). Your credit card will be charged at enrollment for the first installment plus family registration fee, if applicable, and on February 18, March 18 and April 18 for the remaining three payments.
- If enrolling late in the term contact the Academy at (859) 486-1032 to set up payment.

Four-lesson trial package: A four half-hour lesson trial package is available for \$84. A four 45-minute trial package is \$126 and a four one-hour trial package is \$168. The trial package is a popular choice for new students who wish try out the lessons before committing to a full term. Registration fee is not due until after the trial package is completed. Four-lesson trial packages are a very popular gift item.

HALF-HOUR LESSONS	Discount ½ hour rate	*Four payments @ ½ hour rate	Discount full-term rate
Josh	\$22	\$97.75	\$374
Rich, Dominic, Evelina, Miao	\$21	\$93.50	\$357
Mary Ann, Xiaoming	\$20	\$89.25	\$340
Tammy	\$19.50	\$87.12	\$331.50
Mark, Eric, Jessica	\$18	\$80.75	\$306

Please complete the table below (PRO-RATE PROPORTIONATELY FOR LONGER LESSONS!):

Student name	Instructor	# lessons purchased	Discount price per lesson (or 4-payment installment amount)	Total amount per student
			Registration fee:	\$10.00 (if due)
			Grand total:	

The Academy can accept this form and payment in the following ways:

- Give to your instructor
- Mail to the Academy (please use address below; do not mail cash)
- Fax with credit card information to the Academy at (859) 908-2607
- Call in information with credit card to (859) 486-1032

Slater Music Academy
P.O. Box 75049
Fort Thomas, KY 41075-0049
Phone: (859) 486-1032, Fax: (859) 908-2607
www.slatermusicacademy.com
info@slatermusicacademy.com

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Student name _____ Date of birth _____

Today's date _____ Instructor _____

For what instrument are you registering? _____

Parent/guardian name _____

Address _____

City, state, zip code _____

Day phone number _____ Evening phone number _____

Additional phone number(s) _____

Emergency contact and phone number _____

Email address(es) (note – we will NEVER send you unsolicited email or give your email address to anyone else. This is for communication purposes ONLY.)

Are there any medical conditions or handicaps that the instructor should know about? If so, please explain.

How did you hear about Slater Music Academy?

Please sign and return to the Academy with payment in full.

I have received and read a copy of PRIVATE LESSON PRICES AND STUDIO POLICIES, and I further agree to abide by all rules and policies set forth in the same.

Name _____ Date _____

I am paying by (check all that apply):

- Check or money order (written to Slater Music Academy, \$30 fee for returned checks)
- Cash (exact change, please)
- Gift certificate(s) and/or coupon (check expiration date and number of lessons required to receive coupon discount; only one coupon per purchase)
- Credit card (please complete credit card form below; receipts will be mailed)

Credit card payment form

Mastercard Visa Discover

Card # _____ Expiration date ____/____
Month Year

CVV2 # (3 digit number on the back of your credit card) _____ Amt. _____

Brief description of services purchased _____

Name as it appears exactly on card _____

Address: Street _____ City _____ State _____ Zip _____

Signature _____

I agree to pay above total amount according to card issuer agreement.

***Four-payment installment plan only:** I agree to have the amount _____ (see opposite side of form for exact amount) charged to my credit card on February 18, March 18 and April 18.

Signature _____