

# 2010 CHFS Training Refund/Withdrawal Policy

Life happens! Sometimes unexpected events may force a student to withdraw from the CHFS Training Program. If this should happen, Immunitrition has put into place the following tuition refund/withdrawal policy to serve as a guideline to determine the refund to which you are entitled.

**New York CHFS Training Registration Deadline: March 30<sup>th</sup>, 2010**

**Illinois CHFS Training Registration Deadline: July 27<sup>th</sup>, 2010**

**Oregon CHFS Training Registration Deadline: September 6<sup>th</sup>, 2010**

A down payment of 50% of the total training tuition is due at the time of enrollment, although you may pay in full if you so desire. The remaining tuition balance (final 50 percent) is due no later than March 30<sup>th</sup>, 2010 for New York students; July 27<sup>th</sup>, 2010 for Illinois students; and September 6<sup>th</sup>, 2010 for Oregon students.

- If you withdraw within 30 days of your **enrollment** date, you will receive a complete refund of tuition paid minus a \$50 administrative fee. Note: The enrollment date is determined by the date of your first tuition invoice.
- If you withdraw within 60 days from the first day of training, you will receive a 90 percent refund of tuition paid minus a \$50 administrative fee.
- If you withdraw within 45 days from the first day of training, you will receive a 75 percent refund of tuition paid minus a \$50 administrative fee.
- If you withdraw within 30 days from the first day of training, you will receive a 50 percent refund of the tuition paid minus a \$50 administrative fee.
- If you withdraw within 29 days or less of the first day of training, no refund will be given.

I, \_\_\_\_\_, agree to the above terms and conditions and I understand that all requests to receive a refund must be submitted in writing to Immunitrition, LLC. I am aware that a \$50.00 administrative fee will be deducted from the total refund amount I am rightfully due. I also understand that Immunitrition reserves the right to cancel any CHFS Training and that I will be granted a full refund if the CHFS Training is cancelled due to lower than expected enrollment numbers. I understand that Immunitrition reserves the right to approve any and all registrations and that my acceptance to the CHFS Training is dependant upon the signed and dated return of this form (CHFS Training/Withdrawal Policy) as well as my CHFS Informed Consent and Disclaimer, Emergency Medical Authorization, Consent and Contact Form, and a completed G.R.O.W.W Membership Application.

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

**PLEASE SIGN and SUBMIT THIS FORM ALONG WITH YOUR CHFS ENROLLMENT APPLICATION**

***Your CHFS application cannot be processed without a signed copy of this Refund/Withdrawal Policy!***

E-mail to: [CHFS@immunitrition.com](mailto:CHFS@immunitrition.com) or fax to (480) 393-5410