

Student: Emma M. Ogelt

Payment Schedule Options: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other

200 per week

Promotions: \$8,000

Beginning Balance: \$ 8000.⁰⁰ Payment Amount: \$ 400.⁰⁰

Payment 21: Due: / / Paid: / / Balance: \$

Payment 22 Due: / / Paid: / / Balance \$

Payment 23: Due: / / Paid: / / Balance: \$

Payment 24: Due: / / Paid: / / Balance: \$

Payment 25: Due: / / Paid: / / Balance: \$

Payment 26: Due: / / Paid: / / Balance: \$

Payment 27: Due: / / Paid: / / Balance: \$

Payment 28: Due: / / Paid: / / Balance: \$

Payment 29: Due: / / Paid: / / Balance: \$

Payment 30 Due	/	/	Paid:	/	/	Balance	\$
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Payment 31: Due	/	/	Paid:	/	/	Balance	\$
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Payment 32: Due	/	/	Paid	/	/	Balance	£
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[illegible]

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Payment can be made directly to The Institute Monday-Wednesday or on your agreed payment day and time 8:30am-9:00am. Payments can also be mailed to The Institute of Epidermal Cell Therapy, 445 N. Battlefield Blvd., Chesapeake, Virginia 23320. The Institute does not accept cash payments over \$200.00. A charge of 4% is applied to all credit card payments. Students will be charged \$30.00 for all returned checks.

Payments must be remitted by scheduled date, or student will not be permitted to attend class until payment has been made. Student agrees to pay \$15.00 per hour for any additional make up hours required to successfully complete his or her program. Student agrees to a charge of \$20.00 per hour when exceeding 20 hours. Student agrees certifi- cate of completion will not be released until all payments received.

I, the undersigned student, have received a copy of this contract and hereby agree to all terms and conditions set forth.

Student Signature: [Signature] Date: 3/26/23

Administrator Signature: Deborah Ann Wabbe Date: 3/26/23