



Credit Card Information and Promise to Pay Individual Workshops

The online registration process does not capture complete credit card information. To facilitate the process of paying for any books or items you may purchase during the workshop or to charge you for additional nights (when applicable) at the conference hotel, we ask ***every participant*** to complete this section:

Card type _____ Card # _____
Exp. date _____ Security Code _____ Billing Zip Code _____
Authorization Signature _____

Promise to Pay (for Payment Plan) *

***PLEASE NOTE:** To keep the workshop fee as low as possible for everyone, participants are strongly encouraged to pay the fee in full **BEFORE** the start of the workshop.

I, _____ (name) agree to pay Bethesda Workshops according to these terms:

Regular Workshop Fee:	\$ 2,750.00
Less: Scholarship (if applicable)	\$ _____
My Total Workshop Fee:	\$ _____
Deposit Paid with Registration:	\$ 600.00
Amount Paid on Monday before Workshop**:	\$ _____
Balance Due After Workshop* (Not to exceed \$1,400.00)	\$ _____

At least one-half of the "My Total Workshop Fee" is due before the workshop begins. **If you have only paid the \$600 deposit, an additional pre-workshop payment of \$750 is due and will be charged to the card provided above on the Monday before the workshop begins. (The amount of an awarded scholarship will reduce this additional payment.)

If your balance has not been paid in full before the workshop, **select 1st option** and indicate amount of additional pre-workshop payment, if any. **Then select either 2nd or 3rd option** for your payment plan.

_____ Payment of \$750 (minimum) + _____ (additional) on Monday before workshop begins
_____ One payment for \$1,400 balance to be processed approximately 30 days after workshop
_____ Two monthly payments of \$700 to be processed approx 30 and 60 days after workshop

***The first payment will be processed on either the 1st or the 15th day of the month that is closest to 30 days following the workshop and the second payment will be processed 30 days afterward.

(REQUIRED) I understand that I must use a credit or debit card if I am taking advantage of a payment plan. I authorize Bethesda Workshops to bill my card as detailed above until the balance is paid in full.

Initials indicate authorization: _____ By authorizing this Promise to Pay, I acknowledge that recovery from addictive behavior is, by its nature, uncertain, and that neither recovery nor avoiding a recurrence of the addictive behavior can be guaranteed. I acknowledge that my payment(s) under this Promise to Pay are for my attendance at a Bethesda Workshop and not for assurance of a particular result. Therefore, I remain obligated to make payments under this Promise to Pay whether or not I choose to complete the workshop or regardless of the status of my recovery.

Printed name of participant

Signature of participant

Date of signature

Type and date of workshop attended