

# Announcing Our Dates and Resident Training Facilities for the Upcoming Summer Anatomy and Physiology Intensive!

## A&P Summer Intensive

A&P I: JULY 19 – 29, 2010 (July 24 – day off)

A&P II: JULY 19 – 23, 2010

A&P III: JULY 24 – 28, 2010

A&P IV: JULY 29 – AUGUST 2, 2010

8AM – 5PM Daily

**Tuition:** A&P I - \$2,600 A&P II - \$1,500 A&P III - \$1,500 A&P IV - \$1,850

### Hyatt Regency Miami

*Miami, Florida*



#### HOTEL DETAILS

Hyatt Regency Miami  
400 South East Second Avenue  
Miami, Florida, USA 33131  
Reservations: +1 305 358 1234 or  
1-800-233-1234 (US only)  
Fax: +1 305 358 0529  
www.miamiregency.hyatt.com

Room Rates:  
\$99.00 +tax. Choice of 1 king or 2 double beds.

Amenities:  
Riverwalk Café, Riverwalk Deli, Sports Lounge,  
heated pool, fitness center, jogging paths, Wi-Fi  
service, on-site car rental service, business  
center, and more.

Local Transportation:  
METROMOVER – Adjoins hotel by tunnel.  
Accesses entire downtown area and Bayside.  
No charge.  
METRORAIL – Metrorail does not adjoin the  
hotel; it can be reached via the Metromover that  
does adjoin the hotel at the Bank of America  
Tower. The Metrorail fare is currently \$2.00.

#### AIRPORT INFORMATION

**Ft. Lauderdale/Hollywood Airport**  
Taxi/Private Car: \$60.00–\$75.00 one-way  
SuperShuttle Service: SuperShuttle does not  
come from the airport to the hotel but does  
go from the hotel to airport at \$32 per  
person

**MIAMI AIRPORT**  
Taxi: Approximately \$20.00–\$25.00 one-way  
SuperShuttle Service: 24-hour service to  
hotel. \$18 per person. Guests should go to  
the SuperShuttle station located at the  
Van/Limo booth directly outside of baggage  
claim area.

#### REGISTRATION

Contact the Registration Department at:  
561-620-8767 or  
1-800-924-2564 (US only)  
e-mail: registrar@barbarabrennan.com

Registration due date: June 28, 2010 (After  
June 28, a late fee of \$50.00 US applies.)



# Summer 2010 BBSH Anatomy & Physiology Registration Form

**STUDENT INFORMATION**

First Name	MI	Last Name	Home Phone* <i>(*If international include country and city codes)</i>
Address			Work Phone*
			Cell Phone*
City	State	Zip/Postal Code	Fax*
Country			E-mail

Add my name to the list of students needing roommates, and send me the list. (Please notify the School Registrar upon obtaining a roommate.)

**SUMMER 2010 BBSH ANATOMY AND PHYSIOLOGY COURSE INFORMATION (A&P I, A&P II, A&P III and A&P IV)**

**SEMESTER CREDIT HOURS:**

Anatomy and Physiology I:	5 Credits
Anatomy and Physiology II:	3 Credits
Anatomy and Physiology III:	3 Credits
Anatomy and Physiology IV:	3 Credits

**RESIDENT TRAINING:**

A&P I:	July 19 through July 23, 2010 and July 25 through July 29, 2010 (8AM-5PM Daily)
A&P II:	July 19 through July 23, 2010 (8AM-5PM Daily)
A&P III:	July 24 through July 28, 2010 (8AM-5PM Daily)
A&P IV:	July 29 through August 2, 2010 (8AM-5PM Daily)

**LOCATION:** Resident Training is held at the Hyatt Regency Miami, Miami, Florida  
*(Because of the nature of the intensity and complexity of Resident Training, we strongly recommend that students stay on campus at the hotel for Resident Training.)*

**COURSE COSTS (Please check the year for which you are registering)**

<b>Tuition:</b> <input type="checkbox"/> Year 1 - \$2,600.00 <input type="checkbox"/> Year 2 - \$1,500.00 <input type="checkbox"/> Year 3 - \$1,500.00 <input type="checkbox"/> Year 4 - \$1,850.00	<b>Textbooks:</b> Approx \$125.00 per year
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**2009- 10 CANCELLATION AND REFUND POLICY**

**Refund guidelines for student withdrawal/dismissal:**

1. A student must withdraw from the program in person or send the Registrar a withdrawal letter via United States Postal Service certified mail (or equivalent, if international) or via a courier service using a tracking number.
2. Tuition refunds are calculated pro rata and are based on the percentage of completion. All monies (tuition) will be refunded if the School does not accept applicant or if applicant withdraws application within three (3) business days after the application and payment are accepted by the School. After 3 business days, \$50.00 of all monies paid is nonrefundable. Thus, tuition refunds are calculated based on the following refund chart after subtracting \$50.00 from all monies paid.
3. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a pro rata refund computed on the number of hours completed to the total program hours.
4. Cancellation after completing 40% of the program will result in no refund.
5. The termination date for refund computation purposes is the last date of actual attendance of Resident Training.
6. Refunds will be made within 30 days of termination or receipt of cancellation notice.
7. A student can be dismissed at the discretion of the School Official for insufficient progress, nonpayment of costs, or failure to comply with School standards and policies.

**DISCLAIMER:**  
 Anatomy and Physiology I is designed to meet the course requirement for students enrolled in the BBSH Professional Studies Diploma Program. Anatomy and Physiology I through IV are a requirement for the Bachelor of Science Degree. Diploma Students may register for Anatomy and Physiology II, III, and IV if they wish. Students are not prepared/permitted to provide Brennan Healing Science services until they have graduated from the 4-year Bachelor of Science Degree Program or Professional Studies Diploma Program. The Barbara Brennan School of Healing reserves the right to change programs, start dates, tuition, fees, and/or to cancel programs. Any changes will be made in accordance with the Commission for Independent Education rules and regulations.

**PAYMENT/ENROLLMENT DUE DATE**

**Payment/enrollment due dates:** June 28, 2010\*  
 \*Payments received after due date are subject to a \$50.00 Late Fee. Returned checks will incur a Handling Fee of \$20.



# 2010 Summer BBSH Anatomy & Physiology Registration Form

### PAYMENT METHOD

VISA    MasterCard    Discover    Wire Transfer (I understand that I am responsible for any intermediate wire fees incurred in the transfer. \_\_\_\_\_) Initials

-     -     -      
Credit Card Number

-    
Exp. date ( Month/Year)

Last 3 digits on back of card

Name (PRINT exactly as it appears on card) \_\_\_\_\_ Signature \_\_\_\_\_

### PAYMENT OPTIONS • PLEASE CHECK ONE OF THE FOLLOWING TWO PAYMENT OPTIONS

**PAYMENT IN FULL**

\$	Total Tuition (A&P I: \$2,600.00 A&P II & III: \$1,500.00 A&P IV: \$1,850.00)
	+ 50.00 Late Fee (Application received after June 28, 2010)
\$	<b>Total Amount Enclosed</b>

**PARTIAL PAYMENT**

\$	Tuition Deposit - 50% of tuition (A&P I: \$1,300.00 A&P II & III: \$750.00 A&P IV: \$925.00)
	+ 50.00 Late Fee (Application received after June 28, 2010)
	<b>Total Amount Enclosed</b>
\$	<b>Tuition Balance Due July 15, 2010 (\$15.00 late fee applies each month thereafter until balance paid in full.)</b>

Automatically charge my credit card for the balance of my tuition on July 15, 2010. (Complete credit card information above.)

**\*For wire transfer:** For information on wire transfer of funds, please contact the BBSH Finance Department.

- Students must keep their tuition payments current at all times. Students who are not current with their tuition payments are not permitted to enter Resident Training classrooms.
- All prices for programs are printed herein. There are no additional carrying charges, interest charges, or service charges connected or third party charges at any time. For all payments made by wire transfer of funds, any fees deducted by the sending and receiving of funds due the school will be billed to the student's account. Cost of credit is included in the price costs for the goods and services.
- This Agreement constitutes a binding contract upon acceptance by the School. This Agreement may be executed in counterparts and/or by facsimile, any such counterpart or facsimile shall for all purposes, be deemed an original but all such counterparts or facsimiles together shall constitute but one and the same instrument for wire transfer.

**Note: Tuition deposit must be included in order to process your application.**

### SIGNATURE

**Return this form to BBSH. A copy will be returned to you upon your acceptance to the program.**

\_\_\_\_\_  
Print Your Name

I affirm that I have received and read a copy of this binding agreement and the 2009-10 BBSH School Catalog.

(X)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY. ACCEPTED BY:

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Payment Amount Received: \$ \_\_\_\_\_