

ENROLLMENT AGREEMENT
WORKSHOP PROGRAM SPRING 2010
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NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: HOME: _____ WORK: _____

E-MAIL ADDRESS: _____

THIS ENROLLMENT AGREEMENT IS FOR THE COURSE NAMED BELOW, WHICH IS A PART OF NEW ENGLAND SCHOOL OF PHOTOGRAPHY'S WORKSHOP PROGRAM. WORKSHOP COURSES ARE NOT GRADED AND COMPLETION CREDENTIALS (SUCH AS A CERTIFICATE) ARE NOT OFFERED FOR THESE COURSES. NESOP CANNOT GUARANTEE EMPLOYMENT.

ENTRANCE REQUIREMENTS: CANDIDATES MUST BE AT LEAST 17 YEARS OF AGE AND MUST HAVE COMPLETED THE MINIMUM PREREQUISITES FOR ENTRY INTO ANY COURSE. **PREREQUISITES FOR THE COURSE NAMED BELOW ARE AS FOLLOWS:** STUDENTS MUST HAVE PREVIOUSLY COMPLETED BEGINNING DIGITAL CAMERA OR HAVE A BASIC UNDERSTANDING OF DIGITAL CAMERAS AND HAVE OUTSIDE ACCESS TO A COMPUTER RUNNING ADOBE PHOTOSHOP OR PHOTOSHOP ELEMENTS SOFTWARE.

REGISTRATION DEADLINES: LATE REGISTRATION**WORKSHOP PROGRAMS-** NO LATE REGISTRATIONS ACCEPTED AFTER THE SECOND WEEK.**SEMINARS ONE-DAY OR LESS IN DURATION-** REGISTRATION WILL NOT BE ACCEPTED MORE THAN 30 MINUTES AFTER THE CLASS START TIME.**DESTINATION WORKSHOPS -** REGISTRATION/ENROLLMENT WILL NOT BE ACCEPTED AFTER THREE WEEKS PRIOR THE DEPARTURE DATE.

METHOD OF PAYMENT: A \$50.00 TUITION DEPOSIT IS REQUIRED FOR ALL COURSES MEETING ON MORE THAN ONE DAY OR EVENING. THIS DEPOSIT IS REFUNDED IF THE CLASS IS FULL OR CANCELED. THE BALANCE OF THE TUITION IS DUE ON THE FIRST NIGHT OF CLASS. PAYMENT IN FULL IS REQUIRED TO RESERVE SPACE IN ALL WORKSHOPS OR SEMINARS MEETING ON ONLY ONE DAY AND FOR ALL PROFESSIONAL DESTINATION WORKSHOPS. PAYMENTS MAY BE MADE BY CASH, CHECK, MONEY ORDER OR CREDIT/DEBIT CARD. IF PAYMENT IS MADE BY CREDIT/DEBIT CARD, THE ENROLLEE MUST COMPLETE A CREDIT/DEBIT CARD AUTHORIZATION FORM.

WORKSHOP ENROLLEE: PLEASE COMPLETE THE FOLLOWING AND SIGN AND DATE WHERE REQUIRED.COURSE NAME: BEGINNING DIGITAL CAMERA A COURSE TIME (I.E., 6-9 PM): 6-8:30PMCOURSE START DATE: 3 / 29 / 2010 COURSE END DATE: 5 / 17 / 2010DAY(S) OF WEEK (CIRCLE): M T W TH. F SAT. SUN. (CLOCK) HOURS IN COURSE: 20
COURSE HOURS = # HOURS PER CLASS X # OF CLASSES IN SESSIONCOURSE TUITION: \$ 265 / \$300 AFTER 3/26/2010 OTHER CHARGES: \$ N/A
(APPLICABLE ONLY TO DESTINATION WORKSHOPS; REFLECTS NON-REFUNDABLE CHARGES FOR ACCOMMODATIONS)

NO ADDITIONAL CHARGES ARE REQUIRED BY THE SCHOOL. HOWEVER, STUDENT SUPPLIES AND PROCESSING ARE ESTIMATED AT APPROXIMATELY \$195.00 PER COURSE. **FOR DESTINATION WORKSHOPS, AIRFARE, GROUND TRAVEL, MEALS AND OTHER GROUND EXPENSES ARE NOT INCLUDED IN THE TUITION OR OTHER CHARGES IN THIS AGREEMENT AND ARE NOT PAID DIRECTLY TO THE SCHOOL. IT WILL BE THE STUDENT'S OBLIGATION TO PROVIDE FOR SUCH SERVICES.**

COURSE INSTRUCTOR: HERATCH EKMEKJIAN HAVE YOU EVER TAKEN A COURSE AT NESOP? Yes No

THIS ENROLLMENT AGREEMENT IS A TWO-SIDED DOCUMENT. PLEASE READ BOTH SIDES OF THE DOCUMENT, COMPLETE THE SECTIONS ABOVE WHERE REQUIRED AND SIGN AND DATE THE BACK OF THIS AGREEMENT

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THIS HIGHLIGHTED SECTION IS TO BE COMPLETED BY NESOP OFFICE STAFF ONLY FOR RECORDKEEPING PURPOSES.

(CLOCK) HOURS IN COURSE: 20 **PAYMENT METHOD (CIRCLE ONE):** CASH CHECK MONEY ORDER CREDIT/DEBIT
COURSE HOURS = # HOURS PER CLASS X # OF CLASSES IN SESSION

COURSE TUITION: \$265 / \$300 AFTER 3/26/2010 **TUITION DEPOSIT:** \$ _____ **BALANCE DUE:** \$ _____ **PAID IN FULL**

I.D. #: _____ **RETURNED ID RECEIVED ON:** _____ **REFUNDED:** \$ _____ **REFUND CHECK #:** _____

GROUNDS FOR CANCELLATION/TERMINATION BY THE SCHOOL: THE SCHOOL MAY, AT ITS DISCRETION, TERMINATE A WORKSHOP STUDENT PRIOR TO COMPLETION FOR, BUT NOT LIMITED TO, NONPAYMENT OF TUITION OR FAILURE TO COMPLY WITH SCHOOL RULES.

REFUND POLICY: (AS PER M.G.L. CHAPTER 255, SECTION 13K)

1. YOU MAY TERMINATE THIS AGREEMENT AT ANY TIME.
2. IF YOU TERMINATE THIS AGREEMENT WITHIN FIVE DAYS YOU WILL RECEIVE A REFUND OF ALL MONIES PAID, PROVIDED THAT YOU HAVE NOT COMMENCED THE PROGRAM.
3. IF YOU SUBSEQUENTLY TERMINATE THIS AGREEMENT PRIOR TO THE COMMENCEMENT OF THE PROGRAM, YOU WILL RECEIVE A REFUND OF ALL MONIES PAID, LESS THE ACTUAL REASONABLE ADMINISTRATIVE COSTS DESCRIBED IN PARAGRAPH 7.
4. IF YOU TERMINATE THIS AGREEMENT DURING THE FIRST QUARTER OF THE PROGRAM, YOU WILL RECEIVE A REFUND OF AT LEAST SEVENTY-FIVE PERCENT OF THE TUITION, LESS THE ACTUAL REASONABLE ADMINISTRATIVE COSTS DESCRIBED IN PARAGRAPH 7.
5. IF YOU TERMINATE THIS AGREEMENT DURING THE SECOND QUARTER OF THE PROGRAM, YOU WILL RECEIVE A REFUND OF AT LEAST FIFTY PER CENT OF THE TUITION, LESS THE ACTUAL REASONABLE ADMINISTRATIVE COSTS DESCRIBED IN PARAGRAPH 7.
6. IF YOU TERMINATE THIS AGREEMENT DURING THE THIRD QUARTER OF THE PROGRAM, YOU WILL RECEIVE A REFUND OF AT LEAST TWENTY-FIVE PERCENT OF THE TUITION, LESS THE ACTUAL REASONABLE ADMINISTRATIVE COSTS DESCRIBED IN PARAGRAPH 7.
7. IF YOU TERMINATE THIS AGREEMENT AFTER THE INITIAL FIVE DAY PERIOD, YOU WILL BE RESPONSIBLE FOR ACTUAL REASONABLE ADMINISTRATIVE COSTS INCURRED BY THE SCHOOL TO ENROLL YOU AND TO PROCESS YOUR APPLICATION, WHICH ADMINISTRATIVE COSTS SHALL NOT EXCEED FIFTY DOLLARS OR FIVE PERCENT OF THE CONTRACT PRICE, WHICHEVER IS LESS. A LIST OF SUCH ADMINISTRATIVE COSTS IS ATTACHED HERETO AND MADE A PART OF THIS AGREEMENT.
8. IF YOU WISH TO TERMINATE THIS AGREEMENT, YOU MUST INFORM THE SCHOOL IN WRITING OF YOUR TERMINATION, WHICH WILL BECOME EFFECTIVE ON THE DAY, SUCH WRITING IS MAILED.
9. THE SCHOOL IS NOT OBLIGATED TO PROVIDE ANY REFUND IF YOU TERMINATE THIS AGREEMENT DURING THE FOURTH QUARTER OF THE PROGRAM.

ADMINISTRATIVE COSTS EQUAL (TO BE ENTERED BY NESOP OFFICE STAFF ONLY): \$13.25 / \$15 AFTER 3/26/2010

A COMPLETED & SIGNED COPY OF THIS AGREEMENT MUST BE PROVIDED TO THE STUDENT.

THIS SCHOOL IS LICENSED BY THE MASSACHUSETTS DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION, OFFICE OF PROPRIETARY SCHOOLS. ANY COMMENTS, QUESTIONS, OR CONCERNS ABOUT THE SCHOOL'S LICENSE SHOULD BE DIRECTED TO
PROPRIETARYSCHOOLS@DOE.MASS.EDU OR 781-338-6048.

I UNDERSTAND THAT THIS AGREEMENT IS NOT BINDING UNTIL I HAVE COMPLETED IT FULLY AND CORRECTLY, AND IT IS ACCEPTED BY THE SCHOOL.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____
(REQUIRED IF THE APPLICANT IS UNDER 18 YEARS OF AGE)

SIGNATURE OF SCHOOL OFFICIAL: _____ **DATE:** _____



NEW ENGLAND
SCHOOL of PHOTOGRAPHY

Credit Card/Debit Card Payment Authorization Form

Please complete and attach this form to your evening workshop enrollment agreement ONLY if paying by credit card or debit card. Students paying by cash, check or money order are not required to complete this form.

For your convenience, The New England School of Photography (NESOP) accepts Visa, MasterCard and American Express credit card payments and debit card payments for workshop enrollments. Please PRINT a copy of this page, complete the form and mail, carry or fax it back to NESOP with your completed and signed enrollment agreement.

The NESOP Fax Number is: (617) 437-0261

When faxing this form, along with your completed workshop enrollment agreement, please use a cover page stating, "Attn: NESOP Evening Workshops" clearly so that your documents are directed to the correct department. NESOP will confirm receipt of your enrollment agreement and credit/debit card payment authorization form via e-mail (if an address is provided on enrollment agreement) or by phone (if you do not provide an e-mail address).

For those mailing these documents, please send to the following address:

NESOP

**Attn: Evening Workshops
537 Commonwealth Avenue
Boston, MA 02215**

Name on Card: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail: _____

Check One: Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: ____ / ____
(format mm/yy)

Card Security Code: _____ (For MasterCard, VISA and Discover: 3-digit code to right of signature strip on back of card. For American Express: 4-digit code printed—not embossed—on front of card to right of card number. If using a debit card, DO NOT provide your debit PIN code.)

I do hereby authorize The New England School of Photography (NESOP), to charge \$_____ to the above Visa / MasterCard / Discover / American Express / Debit Card account for the evening workshop tuition payment indicated above and on the completed evening workshop enrollment agreement accompanying this form.

Signature: _____

Date: _____