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**ACKNOWLEDGEMENT OF SERVICES AND FEES**

 **Hypnosis...for change**

**SERVICE: The Virtual Gastric Band Protocol**

**I, the undersigned, acknowledge that I understand and agree to the following:**

**I agree to pay Brenda L Gray, CHP, a fee of $1200.00 for 4 sessions**

 **(approx. 1 hour each)**

**For The Virtual Gastric Band Hypnosis Protocol.**

**I also agree to pay you for your services, before the 1st session**

**(minimum payment: $600 before 1st session, $600 before 2nd session)**

 **No exceptions**

I agree to give you **24 hours notice** for all cancellations or changes of scheduled appointments. I understand, that missing a scheduled appointment without prior cancellation, or canceling with **less than 24 hours’ notice, I will be charged a $100 cancelation fee**.

I understand that the program of conditioning offered by you will include 4 private sessions, timing depending on my individual needs. I understand and agree that the major purpose of this program is not of a medical nature, but to assist me in safe weight loss. I also understand that there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of my sessions.

Additional Conditions:

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Client Date Hypnotist Date

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