**ACKNOWLEDGEMENT OF SERVICES AND FEES**

**Hypnosis...for change**

**SUBJECT: SMOKING CESSATION/SELF-IMPROVEMENT PROGRAM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I understand and agree to the following:

**I agree to pay Brenda Gray, a fee of $300 for 1 initial session,**

**And a 1 week follow-up session.**

I also agree to pay you for your services, **in full,** on or before the date of each session. I understand and realize that my total and complete cooperation in this process is necessary for success.

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 may be charged at the current full rate.

I understand and agree that the major purpose of this program is for Vocational or Avocational Self-improvement only. I am not a licensed medical professional. 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