



AMERICAN SOMMELIER

24-WEEK V&V COURSE

APPLICATION FORM

TUITION

	NON-MEMBER	CONSUMER MEMBER	TRADE MEMBER
Tuition	2,000	1,755	1,852
Membership		+ 225	+ 75
Total	\$2,000	\$1,980	\$1,927

TERMS AND CONDITIONS

- A deposit is required to secure your seat in class.
- Tuition is due in full and non-refundable.
- If you need to drop out of class, you must inform American Sommelier in writing immediately. You may rejoin a future session of the course within one year of the start date of the initial session—rejoining where you left off. You will be responsible for the difference in tuition should the tuition go up before you rejoin.
- Students must provide a copy of photo identification for age verification purposes.

PAYMENT PLAN

- Payment Plan participants agree to pay all tuition and fees in full by class #6.
- There is a \$50 financing fee for enrolling in the Payment Plan, paid up front.
- Participants submit a deposit of 50% tuition + the \$50 fee upon registration to secure their seat.
- Payments of 25% tuition are due by classes #3 and #6.
- All students enrolling in the Payment Plan must provide a valid credit card number upon registration—even if they are paying by cash or check.
- Students paying by credit card may pre-approve all installments and be charged automatically on the due dates provided.
- Late payments are subject to a \$50 late fee.
- Students who fail to remit payment by the agreed upon deadlines are not permitted to attend class.

POURER POSITIONS

- Pourers are required to arrive at the venue 30 minutes early to help set up, pour the wines during class, and stay roughly 20 minutes after class to clean up.
- Pourers receive a 10% tuition reimbursement within a week of the final class.
- Any missed setups and/or cleanups will be deducted from the reimbursement.
- Pourers who drop out of a course are not eligible for reimbursement.

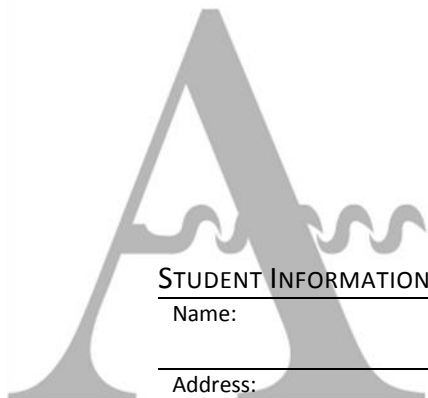
All special requests for amendments to the above terms and conditions, or to the schedule as outlined below, must be received in writing; we do our best to accommodate *truly exceptional circumstances* and all requests will be reviewed on a case-by-case basis.

I understand and agree to the terms and conditions above.

Signature

Date

Print Name



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STUDENT INFORMATION

Name:	Cell Phone:
Address:	Home Phone:
City, State, Zip:	E-mail:
Employer:	Position:
Address:	City, State, Zip:
Bus. Phone:	Bus. Fax:

Are you an American Sommelier Member?

- | | |
|---|--|
| <input type="checkbox"/> YES, I'm a Consumer Member | <input type="checkbox"/> NO, I'd like to register for a Consumer Membership (\$225/yr) |
| <input type="checkbox"/> YES, I'm a Trade Member | <input type="checkbox"/> NO, I'd like to register for a Trade Membership (\$75/yr) |
| <input type="checkbox"/> NO, I am not interested in Registering | |

How did you hear about us?

- Search engine (Google, etc.)
- Facebook
- Twitter
- American Sommelier email
- Word of mouth (who?)

- Other (what?)

Are you enrolling in the Payment Plan?

- YES NO
- I pre-approve all installments, please charge the credit card below on the relevant due dates (optional)

How will you be paying?

- CASH CHECK CREDIT CARD

*Please make checks payable to American Sommelier Inc. and mail to:
American Sommelier Inc., 580 Broadway, Suite 716 New York, NY, 10012*

Which session are you registering for?

- | | | |
|--|--|--|
| <u>Mondays (6-8:30PM)</u>
<i>Matsuri (363 West 16th Street)</i>
<input type="checkbox"/> 2 APR 2012 – 24 SEP 2012
<input type="checkbox"/> 15 OCT 2012 – 08 APR 2013 | <u>Tuesdays (9-11:30AM)</u>
<i>Centrico (211 West Broadway)</i>
<input type="checkbox"/> 06 MAR 2012 – 14 AUG 2012
<input type="checkbox"/> 04 SEP 2012 – 26 FEB 2013 | <u>Wednesdays(6-8:30PM)</u>
<i>La Maison de la Region Languedoc-Roussillon (10 East 53rd Street)</i>
<input type="checkbox"/> 01 FEB 2012 – 18 JUL 2012 |
|--|--|--|

All students must provide a credit card number, regardless of payment method. Your credit card will only be charged for your initial tuition payment if you have indicated CREDIT CARD in the box above.

CREDIT CARD INFORMATION

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> OTHER (please call the office)		
Name of Cardholder:	Credit Card Number:	
Expiration Date:	V-Code Security Number (on back of card):	
Billing Address:	Zip Code:	
Signature:	Date:	