

FIELD SCHOOL PAYMENT STUB

| Payment Method: 🗌 Personal Check | | Purpose: 🗌 Deposit | |
|----------------------------------|----------|--------------------|-----------|
| Cashie | er Check | | n Balance |
| Field School: | | Sum paid: | \$ |

I acknowledge that I read, understand and accept the IFR Withdrawal and Cancelation Policy (<u>http://bit.ly/2iGvNWY</u>). I further acknowledge that I understand that my Deposit Fee is nonrefundable and Tuition Fees may be refundable only up to the payment deadline date, as posted on the IFR individual field school home page.

| Student Personal Information (please send with your payment) | | |
|--|--|--|
| Full Name: | | |
| Email: | | |
| Signature: | | |

This payment stub must be sent with all payments – both deposit and tuition payments. Payments may be made by parties other than the student him/herself. In all cases, please clearly print the name of the student and the program attending so credit may be applied to the correct person.

Please mail this stub <u>and</u> your payment to:

Institute for Field Research 1855 Industrial St. Unit 106, Los Angeles, CA 90021

Questions? Email or call info@ifrglobal.org, (877) 839-4374