

# MASTERPIECE

*School of Furniture*

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## Professional Training Application

### Instructions & Notes:

1. Please print legibly and make sure all relevant fields are completed.
2. Only completed Registration Applications returned with payment will be considered.
3. Masterpiece School of Furniture (MSF) will notify students of their enrollment status within a week of our receipt of your Application.
4. MSF does not invoice students. It is their responsibility to make payments on time.
5. Feel free to call MSF to receive phone guidance in completing this form.

### Student Information

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Main tel: \_\_\_\_\_ 2<sup>nd</sup> tel: \_\_\_\_\_

email: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe your current experience level with woodworking or furniture making. Use additional paper if needed.

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### Enrollment Choices:

Choose the program in which you wish to enroll:

<input type="checkbox"/> <b>3-Month Program</b>	<input type="checkbox"/> <b>6-Month Program</b>	<input type="checkbox"/> <b>9-Month Program</b>
\$6,435	\$12,480	\$17,750

Choose the session in which you will begin your program:

<input type="checkbox"/> <b>Fall 2013</b>	<input type="checkbox"/> <b>Winter 2013</b>	<input type="checkbox"/> <b>Spring 2014</b>
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**Work Study Option:** MSF will assign up to 40 hours of shop monitoring responsibility per quarter to work study students and reduce tuition by \$350 for each 40-hour commitment. This amount will be deducted from the student's final payment. Our preference is to award work study positions first to students experiencing financial hardship. Please check here  if you are interested in being considered for work study.

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment:**

Choose one payment option below by checking the relevant box below:

- I wish to pay a non-refundable deposit of \$500 to secure my place in class.  
(This option is only available when the deposit is paid more than 30 days in advance of the class. The balance of tuition is due 30 days before class.)
- I wish to pay my tuition in full. (due 30 days or more in advance of the class)
- I wish to pay using MSF's Installment Plan. (The first payment is due 30 days or more in advance of the class.) **Students on the installment plan must sign the credit card authorization form below and check the option that allows MSF to automatically charge their credit card for the remaining installments when they are due. MSF will provide students with specific payment dates in advance. The credit card authorization must accompany this Application.**

Please fill in the payment table below with the appropriate information

Item	Amount Due
Choose one of the following 3 payment options to secure your enrollment:	
<input type="checkbox"/> Deposit (\$500 – Due 30 days or more before class. Balance due 30 days or more before class.)	
<input type="checkbox"/> Tuition if paid in full (3month=\$6435; 6month=\$12,480; 9month=\$17,750. Tuition is due 30 days or more before class)	
<input type="checkbox"/> Installment Plan Payment #1 (3-month program = \$3127.50; 6-month program = \$3120; 9-month program = \$2960. 1 <sup>st</sup> payment is due 30 days or more in advance)	
Registration Fee ( <b>\$50</b> nonrefundable and due with deposit or first tuition payment)	
Installment Plan fee ( <b>\$75.00</b> nonrefundable and due with first payment if on the Plan)	
Early enrollment discount ( <b>-\$50</b> if enrolling/paying 45 days or more in advance of the class, taken with the first tuition payment, and is not allowed with the deposit.)	
<b>Total Due:</b> with this Registration Application	

How do you wish to pay the total due with this Registration Application:

- By enclosed check (made payable to Masterpiece School of Furniture).
- By credit card – please complete the following Credit Card Authorization section.

I have read and agree with all terms/policies on the MSF website. I am 18 years of age or older. I understand that there are no refunds within 14 days of the class start date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

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*School of Furniture*

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**Credit Card Authorization:**

**Contact/Billing Information:** (as shown on credit card)

Full Name: \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  Discover  American Express

Card holder name (as shown on credit card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_

**Please Check the appropriate box(es) and fill in associated blanks:**

**One Time Use for Professional Class Deposit or Tuition:** I hereby authorize Masterpiece School of Furniture (MSF) to charge the indicated credit card for Total Due as listed in the Payment section above. This is a one-time charge authorization.

**Recurring Payment Authorization:** I am enrolling in the Masterpiece School of Furniture's (MSF) Professional Training Series using their Installment Payment Plan. As of 30 days prior to the class start date, I owe MSF their full tuition and any unpaid, non-refundable fees for the program in which I am enrolling and authorize MSF to charge my credit card in order to pay these fees, and tuition in 2 quarterly installments over the period of my training program, on dates set by them. I understand and consent to the refund schedule posted on MSF's website and specifically understand that there are no refunds within 14 days of the class start date. The first installment shall include nonrefundable registration and payment plan fees. I understand that this recurring payment authorization shall remain in force and may not be revoked, until all tuition and fees have been paid by me. I also agree to make sure that the indicated credit card stays valid and has sufficient credit on it to sustain these installment charges on the payment dates. I will not dispute MSF's recurring billing with my credit card issuer. Initial here: \_\_\_\_\_.

I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with MSF.

Signature of Card holder (Required): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
This information is confidential and MSF will not share it with any organization or person not affiliated with MSF.

Return this completed, signed application with payment to Masterpiece School of Furniture,  
425 5<sup>th</sup> Street, Marysville, CA 95901. Students choosing the credit card option may fax  
their completed form to 650-692-6928.