

**Hampton Roads  
Hypnosis & Meditation, LLC**



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**Yoga Payment Info Form**  
*(All information will be kept confidential)*

Name : *Please print* \_\_\_\_\_ Date : \_\_\_\_\_

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

City : \_\_\_\_\_

State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Home Phone (including area code) : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

*(E-mail address allows us to notify you when you have 2 sessions remaining.)*

Payment Type (check one) :  Cash  Credit Card  Check

Yoga Series you are purchasing :

Single Class (\$15)  Series of 5 Classes (\$65)

Series of 10 Classes (\$120)  Series of 15 Classes (\$165)

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*Please complete this section if you are paying by Credit Card*

Credit Card Type (check one) :  Visa  MasterCard  American Express  Discover

Name as it appears on your credit card : *Please print your first and last name*

First name : \_\_\_\_\_ Last name : \_\_\_\_\_

Credit Card Number : \_\_\_\_\_ Expiration Date (month/year) : \_\_\_\_\_

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

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

City : \_\_\_\_\_

State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Home Phone (including area code) : \_\_\_\_\_

E-mail Address for payment notification (required) : \_\_\_\_\_

*Note : The charge will appear on your credit card statement as "HRHYPMED"*