401 7852202 Info@hitepri.com
515 Elmwood Ave Providence RI 02907

I, CHLOE TATTEN understand that I am paying the full amount of the course at the time of my registration. I acknowledge that by paying the full amount of $2000 I do not owe anything to HITEP, INC in regards of my classes. I also understand that if for any reason I decide to withdraw my registration before the starting date of the course, I must notify the office prior to the first day of class during business days working hours. In addition, I understand that $100 is a non-refundable registration fee. I acknowledge that I won't qualify for a refund after the starting date of the course.

Total amount owed **$2000**

Payment Date	**Payment Amount**	**Balance**
01/30/2024	CCAP	DINA HEROUX 4012564099

The above does not include the State Test Fee $ 165.00 (to be paid directly to CREDENTIA for exam application) nor the License Fee of one (1) $35.00 money order which will be submitted with the DOH application in before the final week of the Program

Signature: Administration Signature: Date: 01/30/2024