

# NLP University International 2024-25

## Practitioner and Master Practitioner Certification

### Online Applicant Reservations

*Please Sign the Video Release From Included with This Application.*

*You are warmly invited to apply to join the international NLP learning community for DILTS/NLPU **Practitioner Certification Oct-Nov 2024** or **Master Practitioner Certification Feb-March 2025***

Name: Mr.  / Ms.  \_\_\_\_\_ Date: \_\_\_\_\_

Address (Number & Street): \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Print your name as you want it on your certificate:** \_\_\_\_\_

### *Participate Online with ZOOM*

**NLP Practitioner Certification - Sat. October 12 - Sun. November 17, 2024**  
**(Prerequisite: None)**

\_\_\_\_\_ Tuition: \$2,400

**NLP Master Practitioner Certification - Sat. February 8 - Sun. March 16, 2025**  
**(Prerequisite: Practitioner Certification)**

\_\_\_\_\_ Tuition: \$3,000

Deposit Due with enrollment: \$900 or full amount \$ \_\_\_\_\_

**METHOD OF PAYMENT:**

\_\_\_\_\_ **Check**                    \_\_\_\_\_ **PayPal** send to [TeresaNLP@aol.com](mailto:TeresaNLP@aol.com)

\_\_\_\_\_ **Visa**                        \_\_\_\_\_ **Mastercard** (sorry, no American Express)

\_\_\_\_\_ **Bank Transfer or Deposit to**  
**NLP University Account**  
**Bank of America**  
**555 California St.**  
**San Francisco, California 94104 USA**

**Telephone (831) 430-0782**  
Swift Code BofAUS3N  
[NLP University checking account number 325073177409](#)  
[routing numbers 026009593](#)

\_\_\_\_\_ **PayPal Invoice** (Teresa will send Invitation and Invoice)

**Total Amount: \$** \_\_\_\_\_

**Two Emergency Contacts (Names and Telephone Numbers):**

1. \_\_\_\_\_

2. \_\_\_\_\_

Please send your application in early. We will be welcoming participants and providing access to Robert’s training program as soon as possible. You will have access to all learning materials through October 2024.

If you decide to cancel your participation for any reason, all the money you have paid is 100% refundable minus a \$250 accounting service fee.

NLPU will respond with more information and a receipt.

**Please email forms to: [TeresaNLPU@gmail.com](mailto:TeresaNLPU@gmail.com)**

**OR**

**Print forms and send by standard mail along with deposit.**

Physical Address:     Teresa Epstein, NLPU Coordinator  
                                  P.O. Box 934

Seaside, Oregon 97138  
USA

## DILTS/NLPU International 2024

### VIDEO RELEASE AGREEMENT

I, the undersigned, enter into the following agreement (“Agreement”) with Dilts/NLP University (“Producer”). I have been informed that Producer is capturing footage of the upcoming ©2024 DILTS/NLPU Practitioner and Master Practitioner Certifications and that my name, likeness, image, voice, appearance and/or performance is being recorded and may be included in a version of the recording edited for public distribution (“Product”).

1. I grant Producer Robert DILTS/NLPU and its designees the right to use the Product in any format, now known or later developed. I grant, without limitation, the right to edit, mix or duplicate and use or re-use Product in whole or in parts as Producer may elect. Producer or its designees have complete ownership of the Product, including copyright interests.
2. I grant Producer and its designees the right to broadcast, exhibit, market and otherwise distribute the Product, in whole or in parts, and alone or with other products, for any purpose Producer or its designees determine. This grant includes the right to use Product for promoting or publicizing.
3. I have the right to enter into Agreement and am not restricted by commitments to third parties.
4. Producer has no financial commitment or obligations to me as a result of Agreement.
5. I hereby certify that I am over the age of eighteen and that I have read, understand and agree to all of the above and that the rights granted Producer herein are perpetual and worldwide.

*Please return your signed & dated Video Release Agreement.*

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Print forms and mail them along with your application and deposit.**

NLP University, Teresa Epstein, P.O. Box 934, Seaside, Oregon 97138, USA

[TeresaNLPU@gmail.com](mailto:TeresaNLPU@gmail.com) Cell (831) 235-9223 [NLPU.com](http://NLPU.com)