U.S PRANIC HEALING CENTER
American Institute of Asian Studies LLC

6251 Schaefer Ave Unit C
Chino, CA 91710

T 909.548.0884
F 909.548.0886
marcos@pranichealing.com
www.pranichealing.com

Payment Plan Agreement

I, _____ have paid a deposit as preregistration of $ **1348.50** as partial payment for the Master Choa Kok Sui **Healers Mastery(N) Garden Grove, CA** course held on **Sep 24-28, 2026**. I am aware that the full amount of this course is $ **2697.00**.

I promise to pay the American Institute of Asian Studies, LLC for the balance owed of $**1348.50**. Monthly payments of $_____ will be charged every 15th of the month, beginning on **Oct 15, 2026**, and will be paid in full within _____ month(s) of the course. This total amount is due by _____.
(1-4 months)

***I am aware of my responsibility to remit the payment to the American Institute of Asian Studies, LLC whether a bill is received or not.** *

In the event that I missed sending my payment, I hereby authorize the American Institute of Asian Studies, LLC to charge the following credit card account for the amount due on the 15th of each month. If I need to make changes to the method of payment or the monthly charge date after the signing of this agreement, I will contact the American Institute of Asian Studies, LLC immediately to discuss these revisions.

Please fill out the Required Portion below:

Send In: ☐ Check ☐ Money Order ☐ Cash

Charge to Credit Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX

Credit Card Number _____ Exp. Date: _____ Code: _____

PRINT Your Name as it appears on your Credit Card: _____

Your Signature: _____ Today's Date _____

Billing Address: _____ Telephone _____

_____ Email _____

----------OFFICE USE ONLY ----------

Note: _____
_____
_____
_____
_____
_____
_____

Payments: