



# SAI Consultation Application

Dianne Brudnicki's School of Art and Innovation  
P.O. Box 1515  
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## Personal Information *If you are a returning student or you registered online, simply fill in your name and any changes or updates*

Student name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Student school: \_\_\_\_\_ Current grade: \_\_\_\_\_

Student email: \_\_\_\_\_ Student phone: \_\_\_\_\_

Mailing address: (include city & zip) \_\_\_\_\_

Parent name(s): \_\_\_\_\_

Parent phone: \_\_\_\_\_ Parent phone2: \_\_\_\_\_

Parent email: \_\_\_\_\_ Parent email2: \_\_\_\_\_

## Service Provided

\$325 fee **Identity Mapping Session** Includes 1½ -2hour session + written report) One-time fee due at time of service

Date / Time of Mapping: \_\_\_\_\_

\$120/hour **Hourly Consultation** Due at time of service. After first hour, billed in 15 minute increments.

Date / Time of Consultation: \_\_\_\_\_

## Policies and Waiver *Please acknowledge agreement to the following statements with your initials, your signature and the date*

\_\_\_\_\_ I agree that Dianne Brudnicki and staff **are not liable** for any personal injuries while on her property, nor for loss or damage to my personal property.

\_\_\_\_\_ I understand the **scope and limits of the services** being provided and agree to **pay all non-refundable fees** at the time of service.

\_\_\_\_\_ I understand that Dianne is offering consultation services only and **is not liable for any results** that do or do not occur.

SIGNATURE of Parent/Guardian or Student (if over 18) \_\_\_\_\_ Date: \_\_\_\_\_

## Calculate Fees *Pay by cc via Square | Apple Pay by text (206-499-6120) | Check (payable to SAI) | Cash*

\_\_\_\_\_ MAPPING Fee: 1½ -2 hour session + written report - \$325

\_\_\_\_\_ CONSULTATION FEE: \_\_\_\_ hours \_\_\_\_ minutes @ \$120/hour



**TOTAL AMOUNT DUE**

**(For Office Use Only)**

Paid by Square/Apple Pay: \_\_\_\_\_

Paid by Cash/Check#: \_\_\_\_\_

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

Amount Received: \_\_\_\_\_