



## HHI Student Housing for 2015

### HIPPOCRATES LAKESIDE PROPERTIES

.5 MILES OR 15 MINS. WALKING DISTANCE FROM HHI

#### PROPERTY DESCRIPTION

- Hot/Cold Filtered Water and Dispenser
- TV with DVD Player
- Wi-Fi
- Washer/Dryer on Premises
- Once Per Week Hippocrates Cleaning Service, i.e., change linens, remove garbage, restock towels, disposable cups, toiletry items and tea bags
- 2.5 blocks (15 minutes) walking distance to the Hippocrates Health Institute

#### DETAILS

Room	Details	Weekly Cost	Six (6) Week Cost	Nine (9) Week Cost
Shared Room*	Shared Bathroom	<b>\$230.00</b>	\$1,380 .00	\$2,070.00
Private Room	Shared Bathroom	<b>\$280.00</b>	\$1,680.00	\$2,520.00
Shared Room*	Private Bathroom	<b>\$325.00</b>	\$1,950.00	\$2,925.00
Private Room	Private Bathroom	<b>\$365.00</b>	\$2190.00	\$3,285.00

IF YOU WOULD LIKE TO CHECK AVAILABILITY AND/OR RESERVE A ROOM, COMPLETE THE AGREEMENT BELOW AND EMAIL IT TO [HEALTHED@HIPPOCRATESINST.ORG](mailto:HEALTHED@HIPPOCRATESINST.ORG)



## HOUSING AGREEMENT

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

Dear HED Student,

This form will need to be completed (where highlighted), signed and returned **prior** to our making and confirming your reservation. Upon receipt and processing of your noted reservation, we will send you written confirmation along with pertinent details regarding arrival and check-in. In an effort to prevent “double booking” of on-line reservations, **do not** assume that your reservation request is guaranteed, unless you have received written confirmation from the Health Educator Department.

I, (please print name) \_\_\_\_\_ want to make a reservation for the rental of a room at the Lakeside Properties, West Palm Beach, Florida 33411 USA. I have selected (see below) the preferred accommodations and realize that until I receive written confirmation, that my selection is not yet guaranteed. Additionally, I have selected the time period in which I will need the rental as I am enrolled as a student in the \_\_\_\_\_ (Program) \_\_\_\_\_ (Term) \_\_\_\_\_ (Year). Enrollment dates from \_\_\_\_\_ to \_\_\_\_\_.

**Please check accommodation that you are wanting to reserve:**

Room	Details	Weekly Cost	Six (6) Week Cost	Nine (9) Week Cost
Shared Room*	Shared Bathroom	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$1,380 .00	<input type="checkbox"/> \$2,070 .00
Private Room	Shared Bathroom	<input type="checkbox"/> \$280.00	<input type="checkbox"/> \$1,680.00	<input type="checkbox"/> \$2,520.00
Shared Room*	Private Bathroom	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$1,950 .00	<input type="checkbox"/> \$2,925 .00
Private Room	Private Bathroom	<input type="checkbox"/> \$365.00	<input type="checkbox"/> \$2,190.00	<input type="checkbox"/> \$3,285.00
____ Extra night rate/one day prior to or just after the session	\$50.00/night			

\*Only students of the same sex will be permitted to share a room

**THERE WILL BE NO REFUNDS REGARDING; DEPOSITS, PAYMENTS, EXTENSIONS, OR CANCELLATIONS FOR ANY REASON ONCE THE WRITTEN COMMITMENT HAS BEEN MADE AT ANY TIME DURING THE HED PROGRAM.**

## HOUSING POLICY



Saturday CHECK-OUT is no later than 11:00 AM.

This is to acknowledge that on the Saturday of your departure you will have all of your belongings assembled, out of your room, and into a "common area" in Wigmore Hall, no later than 11 A.M. .

You understand that failure to do so subjects you to a \$150 late-departure fee.

Also, you MUST return your Room Key when you check out. Please bring to our front desk to formally check out of your room. If you are leaving before the front desk opens on Saturday, please make arrangements to return your key to another staff member.

You will be subject to a \$50 Re-Keying charge if your room key is not returned.

Our housekeeping staff requires prompt access to rooms to prepare for room moves on Saturday and new arrivals on Sunday. We appreciate your timely cooperation!

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

In the event that a scheduled or unscheduled room change is needed and the guest is not available to move belongings, then Hippocrates has my permission to move my belongings. I understand that Hippocrates will make all reasonable attempts to contact me before this occurs.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

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

Health Educator Program: (Please Check Program Enrollment):

Option A  Option B  Option C

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

## HOUSING PAYMENT

Please make all Certified Bank Checks or Money orders payable to: Hippocrates Health Institute

**HIPPOCRATES HEALTH EDUCATOR PROGRAM**

*"Helping People Help Themselves"*

1466 Hippocrates Way • West Palm Beach, Florida 33411 USA • Phone: 561.471.8876 ext. 2110 • Fax: 561.828.8271

[HealthEd@hippocratesinst.org](mailto:HealthEd@hippocratesinst.org) • [www.hippocratesinst.org](http://www.hippocratesinst.org)



# HIPPOCRATES HEALTH INSTITUTE

*Health Educator Program*



March 2015

I hereby authorize the Hippocrates Health Institute to charge my card for the first 50% of the cost of the selected rental space, [redacted]. I understand that this 50% rental payment is non-refundable; however it may be applied towards payment for other Hippocrates programs in the event I must cancel or change my plans. I understand that 10 days before my arrival, the second 50% of the selected rental space, [redacted], will be withdrawn from this same credit card unless I give Hippocrates prior written instructions, or I will forward a Certified Bank Check. This final portion of the room/rental cost is refundable in the event of an emergency and I cannot attend the program.

My signature authorizes that I am in agreement with the above stated policies, i.e., *Check-Out Policy and Procedure, and Payment Policy.*

Signature [redacted] Date [redacted]

**Payment:**

Please check your payment method:

Money Order  Certified Bank Check  Cash  AMEX  Visa  Master Card  Bank Wire Transfer\*

Do you have a sponsor paying for your expenses? Yes  No

If yes, ask your sponsor to complete and return the **Sponsor Authorization Form** found in the HED Applicant > Supporting Document folder in Google Drive.

\*If choosing a bank wire transfer, complete and return the **Bank Wire Information Form** in the HED Applicant > Supporting Document folder in Google Drive **prior** to sending your payment.

Card # [redacted] Expiry Date [redacted] / [redacted] 3 or 4 Digit Security Code [redacted]

Name: [redacted]

Billing Address: [redacted]

City/State/Province: [redacted]

Zip Code/ Postal Code & Country: [redacted]

Cell Phone: [redacted] Email Address: [redacted]

Notes [redacted]

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