A picture containing text, vector graphics, clipart

Description automatically generated

**Client Session and Payment Agreement, SMC**

NAME:

DATE:

I understand that I am entering into an agreement with Shel Fanelli to have 60-minute phone, in person, or tele-meetings in which we will engage in nutrition coaching conversations.

I agree to give a 24-hour notice of cancellation for each session to avoid forfeiting another meeting.

I understand that if I am more than 10 minutes late for a meeting, I risk forfeiting the meeting.

I agree that it is my responsibility to agree upon the type of contact that will be made, as mentioned above. And for all appointments not in person I will initiate the call at the time agreed upon.

I agree to pay the full program fee prior to the commencement of the first meeting.

Shel and I will set agreed upon appointment days and times by phone, text no less than three (3) days prior to the stated appointment.

There is no reimbursement for forfeited meetings.

Client Signature:

DATE:

1 | P a g e

All client information will remain confidential