



## CLIENT CANCELLATION POLICY

**Client will only be charged if there is a no call/no show or cancellation made within the 24 hour period before their scheduled appointment.**

**Client will have to pay the amount quoted before the next treatment can take place and will be notified at time of charge.**

➤ **AMOUNT QUOTED: \$25.00**

**By signing this document I acknowledge that I have read the IMAj Institute's Cancellation Policy and agree to the terms and conditions aforementioned.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

