



Registration Form

Name _____
Address _____
City _____ State _____ Zip _____
Cell phone number _____
Email Address _____
Name of Class Attending _____

Are you a licensed esthetician or cosmetologist? Y N
If yes, please list your license number _____
Years in profession _____
Employer _____

Are you vegetarian(for lunch catering)? Y N

FORM OF PAYMENT (Circle one)

Visa Mastercard or American Express
Card number _____ Exp _____ 3 Digit Code _____
Billing Zip Code _____
Print Name _____
Signature _____ Date _____

*50% of the total will be billed upon return of registration form. The remainder will be charged the first day of class.

FINANCING

Interest free financing for 3 months is available for 3 months through Care Credit. Credit must be approved first. Please complete the following if interested in applying:

SSN _____
DOB _____
Monthly Net Income _____
Rent Own Other (circle one)
Employer Phone Number _____

REFUNDS

I understand that there are no refunds _____(Signature)

