



INTEGRATIVE MEDICAL SPA

Advanced Esthetics and Cosmetic Laser Registration Form

Name _____
Address _____
City _____ State _____ Zip _____
Cell phone number _____
Email Address _____

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 \$695 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 of 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)