

Registration Form for Advanced Esthiology Certification for Cosmetologists

Personal Information

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Fax: _____ E-Mail: _____

Session to Attend

Indicate class and session you plan to attend _____

Please note: Class size is limited to 10 people.

Payment

5-Day Class \$1,800.00

To ensure registration for class session, a non-refundable deposit of \$200.00 is due 2 weeks prior to the session date.

Please, no checks on first day of class.

Master Card, VISA, Discover, American Express or Cash only.

Payment Method

_____ Check enclosed (Please make check payable to: Skin Alive Inc.)

_____ Charge my credit card

Credit Card #: _____ Expiration Date: _____

Name of cardholder: _____

Zip code of card address: _____

Please complete form and mail or FAX to:

Mequon Thiensville School of Esthetics
11135 N. Wauwatosa Road Mequon, WI 53097

FAX: 262-242-3699 Any questions please contact us at (262) 242-3505.

School Email: school@mtschoolorfesthetics.com