



# Registration Form

## Mequon Thiensville School of Esthetics Center for Advanced Esthetic Training

### Please tell us about yourself

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Esthetician \_\_\_\_\_ Cosmetologist \_\_\_\_\_ LPN/RN \_\_\_\_\_ Other

### Session Information

#### 4 Approved CE Hours License Renewal Course

Please enter start date of class: \_\_\_\_\_

### Tuition

Amount Due: \$60

Please, no checks on the day of class. If a student cancels the class and has paid by credit card, a 5% credit card fee will be deducted from their reimbursement. You may take the same class or another class with no expiration date.

Check enclosed \_\_\_\_\_

Please charge my credit card: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover

Card #: \_\_\_\_\_ Exp date \_\_\_\_ / \_\_\_\_

CVV Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as shown on card: \_\_\_\_\_

### Please complete form and email, fax or mail to:

email: [spa@mtschoolorfesthetics.com](mailto:spa@mtschoolorfesthetics.com)

Fax: 262-242-3699

Mail: Mequon Thiensville School of Esthetics

11135 N. Wauwatosa Rd.

Mequon, WI 53097

**Questions?** Please call! Ask for Gail: **262-242-3505**