

Registration Form

Mequon Thiensville School of Esthetics Center for Advanced Esthetic Training

| Please tell us about yourself | |
|--|---|
| Name: | |
| Address: | |
| City, State, Zip: | |
| Phone: Email | |
| EstheticianCosmetologist | |
| Session Information | |
| 6-Hour Chemical Exfoliation Training Cer | tification Course |
| Please enter date of class: | |
| Note: Class size is limited to 10 participants | |
| Tuition | |
| Amount Due: \$295 | |
| To reserve your space, a nonrefundable | \$150 deposit is due two weeks prior to |
| session date. Please, no checks on the da | ay of class. |
| Check enclosed | |
| Please charge my credit card: Visa | a Master Card Discover |
| Card #: | |
| | |
| CVV Code: Zip Code: | |
| Name as shown on card: | |
| Please complete form and email, fax or | mail to: |
| email: spa@mtschoolofesthetics.com | |
| Fax: 262-242-3699 | |
| Mail: Mequon Thiensville School of Esthe | etics |
| 11135 N. Wauwatosa Rd. | |
| Meguon WI 53097 | |

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