



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

6-Hour Laser Training Certification Course

Please enter date of class: _____

Note: Class size is limited to 10 participants

Tuition

Amount Due: \$450

To reserve your space, a nonrefundable \$150 deposit is due two weeks prior to session date. Please, no checks on the day of class.

Check enclosed _____

Please charge my credit card:

_____ Visa _____ Master Card _____ Discover

Card #: _____ Exp date ____ / ____ Zip Code: _____

Name as shown on card: _____

Please complete form and email, fax or mail to:

email: 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**