

Registration Form

Mequon Thiensville School of Esthetics Center for Advanced Esthetic Training

Please tell us about y	ourself/				
Name:					
Address:					
City, State, Zip:					
Phone:	Email:				
Esthetician	Cosmetolog	gist	LPN/RN	Other	
Session Information					
Aromatherapy					
Please enter class(es)	you would like	to take:			
Tuition: \$295					
Amount Due:					
To reserve your space, a		-		-	
Remainder must be paid	by credit card or c	ash on the	day of training. P	lease, no checks on t	
day of training.					
Check enclose	d				
Please charge my cre	dit card:	Visa	Master Card	d Discover	
Card #:		Ехр	Date: / _		
CVV Code:	_ Zip Code:				
Name as shown on ca	ard:				
Please complete forr	n and email, fax	or mail t	to:		
email: spa@mtschoo					
Fax: 262-242-3699					
Mail: Mequon Thiens	ville School of E	sthetics			
11135 N. Wauw					
Mequon, WI 53	097				

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