



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

Aromatherapy

Please enter class(es) you would like to take:

Tuition: \$150

Amount Due: _____

To reserve your space, a non-refundable \$150 deposit is due two weeks prior to session date. Remainder must be paid by credit card or cash on the day of training. Please, no checks on the day of training.

____ 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

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**