

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/PA ____ Other License Number:_____ **Session Information Private Tutoring** Please enter classes you would like to take privately: **Tuition** Amount Due: TBD on classes chosen To reserve your space, a nonrefundable \$150 deposit is due two weeks prior to session date. Remainder must be paid by credit card or cash on or before the private tutoring session. Please, no checks on the day of class. If a student cancels the class and has paid by credit card or a check, a 5% processing 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@mtschoolofesthetics.com Fax: 262-242-3699

11135 N. Wauwatosa Rd. Mequon, WI 53097

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

Mail: Meguon Thiensville School of Esthetics