



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

16-Hour Eyelash Extension Training Certification Course

Please enter date of class: _____

Tuition

Amount Due: \$1200

To reserve your space, a nonrefundable \$250 deposit is due two weeks prior to session date. 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@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 or Josh: **262-242-3505**