



# 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

#### 8-Hour Brow and Lash Enhancements

Please enter date of class: \_\_\_\_\_

### Tuition

Amount Due: \$750

To reserve your space, a nonrefundable \$150 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](mailto: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**