

Kiss Training Institute

Course Registration Form

E-Mail this form to:
Info@kisstraininginstitute.com

Invoice will follow in separate email once registration form is received.

Please fill out form completely.

Course Level: _____ Course Date: _____

Attendee Name: _____

Company: _____

Job Title: _____

Medical License Type: ___MD/DO ___NP ___PA ___RN Lic#: _____

Injectable Course Taken: _____ Date: _____

Address: _____
Street City State ZIP

Phone: _____ Email: _____

Course Cost: \$1999 (non-refundable) due at time of registration.
Confirmation will follow upon receipt of full payment prior to the course date.

Course Information: The course is intended for medical professionals who have already taken a didactic course in the course material. Proof of active licensure and certification in material is required upon registration. The course includes: small, intimate group (max class size is 4 attendees), all products and materials, lunch and certificate of course completion. Participants **MUST** provide their own models and models **MUST** be approved to ensure they are good candidates for the procedures. There will be a lot of information covered and lots of injecting, so be prepared. Recording devices are **NOT** permitted.

Course Cancellation/Refund Policy: This course is non-refundable. Substitutions and transfer of registration is permissible when received in writing at least one business day before the course start date.

Model Requirements: Models should be good candidates for the procedures listed in the course description and should be in good overall health. A headshot of your model should be sent in along with your registration form for approval. It is important to educate your models that a full correction may not be possible. We will **NOT** be charging your models for products used during the course. However, you can charge your models a small fee to help off-set your course cost.