

C O U R S E E N R O L L M E N T F O R M

BASIC DETAILS	
Name:	D.O.B:
Address:	
	State: Zip:
City:	
Email:	Cell Phone:
Course Location:	Course Date:
Esthetics or Cosmotology License Number & State (please attach a	copy of this):
How did you hear about us?	
SALON DETAILS	
Business Name:	
Business Address:	
City:	State: Zip:
Facebook Page:	Salon Phone:
Instagram Page:	Is this a home salon? ○ Yes ○ No
PLEASE SELECT YOUR HANDS-ON COURSE	
O Brow Henna	O Lash Extensions Classic Foundation
O Lash Lift	O Lash Extensions Classic Advanced
	O Lash Extensions Classic Advanced 2-Day
	O Lash Extensions Beginners Volume
O Lash & Brow Lamination Combo	
Booking Fee Peguired (non-refundable) Payment Method: Cr	adit Card (Cashier's Chack
Booking Fee Required (non-refundable) Payment Method: Cre	
By signing this form you acknowledge that you understand and as Course fees are non-refundable. All course fees must be paid within 14 days of you	gree to the following:
By signing this form you acknowledge that you understand and as Course fees are non-refundable. All course fees must be paid within 14 days of you the day of their course. The completion of this course does not qualify or certify you to perform, for procedures taught in this course for compensation requires that the provider be prepared by your responsibility to be aware of all applicable laws and regulations regarding the study requirements (lash lift & classic lash extensions), you will receive your certification.	gree to the following:
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