## G21 Aesthetics Academy Student Registration Form

Thank you for your interest in joining G21 Aesthetics Academy! Please fill out the registration form below to secure your spot in our upcoming courses. We look forward to helping you grow in the field of aesthetics!

| Personal Information  |
|---|
| • Full Name:  |
| Email Address:  |
| Phone Number:   |
| • Date of Birth:  |
| Gender:   |
| <ul><li>Male</li></ul>                                      |
| o Female  |
| o Other:  |
| <ul> <li>Prefer not to say</li> </ul>                       |
| Address:  |
| Street Address:   |
| City:   |
| Province:   |
| Postal Code:  |
| Professional Information     Current Occupation:            |
| Years of Experience in Aesthetics/Medical Field:            |
| Highest Level of Education:                                 |
| <ul> <li>High School</li> </ul>                             |
| <ul> <li>College/University</li> </ul>                      |
| <ul> <li>Certification/Diploma</li> </ul>                   |
| <ul> <li>Medical License (Nurse/Doctor)</li> </ul>          |
| o Other:  |
| Course Selection  |
| Please select the course(s) you would like to register for: |
| • [] Botox & Dermal Filler Course                           |
| Dates:  |
| [ ] Medical Grade Laser Training Course     Dates:          |
| • [] Advanced Skincare Techniques Course  Dates:            |
| • [] Other Courses (please specify):                        |

**Payment Information** 

| Total Course Fee: \$  |
|---|
| Preferred Payment Method:   |
| o Credit Card   |
| o Bank Transfer   |
| o PayPal  |
| o Other:  |
| Emergency Contact Information   |
| Emergency Contact Name:   |
| Emergency Contact Phone Number:   |
| Relationship to Emergency Contact:  |
| Medical Information (Optional)  |
| Please inform us of any medical conditions/allergies that we should be aware of to ensure your safety during the course:  |
| Do you have any known allergies?  |
| <ul><li>Yes</li></ul>   |
| o No  |
| If yes, please specify:   |
| • Do you have any medical conditions that might affect your participation in the course?  |
| <ul><li>Yes</li></ul>   |
| o No  |
| If yes, please specify:   |
| Terms & Conditions  |
| By submitting this form, I confirm that all information provided is accurate and complete to the best of my knowledge. I agree to the terms and conditions of G21 Aesthetics Academy, including the cancellation and refund policy. |
| <ul><li>I agree to the terms and conditions</li><li>Yes</li></ul>   |
| Signature   |
| Signature:  |
| • Date:   |
| Thank you for registering with G21 Aesthetics Academy! We will contact you shortly with   |

Thank you for registering with G21 Aesthetics Academy! We will contact you shortly with further instructions and course details.