



STUDENT REGISTRATION FORM

STUDENT INFORMATION (Please complete)

Name _____

Address _____

City _____ Province _____ Postal Code _____ Country _____

Phone Number(s) _____ Email _____

ESTHETICS EXPERIENCE AND/OR PREVIOUS RELATED COURSES OR CERTIFICATIONS (Please list)

COURSES

COURSES*	FEES	DEPOSIT**	COURSES*	FEES	DEPOSIT**
MICROBLADING	\$2395	\$1000	MAKE UP ARTISTRY	\$2395	\$1000
MICRO PIGMENTATION LEVEL 1	\$2395	\$1000	INDIAN WEDDING MAKE UP	\$1395	\$500
PERMANENT MAKE-UP LEVEL 2	\$2750	\$1000	THREADING & BROW CONTOUR	\$1395	\$500
PARAMEDICAL ADVANCED	\$3395	\$1000	FACIALS & CHEMICAL PEELS	\$1395	\$500
SCALP PIGMENTATION ADVANCED	\$5995	\$1000	LASER TECHNICIAN LEVEL 1-3	\$2395	\$1000
LASHDIP	\$1395	\$500	LASH EXTENSIONS	\$2395	\$1000
WAXING & TINTING CERTIFICATION	\$1395	\$500	INJECTIONS AND MEDICAL	\$3900	\$750
HAIR EXTENSION CERTIFICATION	\$2395	\$1000	(MUST BE NURSE OR EQUIVALENT)		

***All deposits are non-refundable (registrations initiates us paying deposits to book our instructors)*

COURSE INFORMATION (Courses desired)

Course Name _____ Course Date _____ Course City _____

Course Name _____ Course Date _____ Course City _____

Course Name _____ Course Date _____ Course City _____

Course Name _____ Course Date _____ Course City _____

Course Name _____ Course Date _____ Course City _____





STUDENT REGISTRATION FORM

PAYMENT TERMS:

Our space is limited and treated on first come first served basis. Please complete this form and return as soon as possible.

CREDIT CARD INFORMATION

Name on Credit Card

____-____-____-____-____-____-____-____
Credit Card #

____/____ - ____
Expiry Date CCV #

Billing Address

City Province Country

Postal Code

Signature

RETURNED COMPLETED FORM BY EMAIL TO:

Email: contacteternalbeauty@gmail.com

Phone: 403.620.3880

