

REGISTRATION FORM GRADUATE WORKSHOPS 2010

Name: _____ Date of Birth: _____

Name of Salon: _____ Email: _____

Address: _____

Telephone: _____ Mobile: _____

Workshop Attending:

Date Attending

Advanced Facial Treatments

Micro Dermabrasion & Exfoliation Techniques _____

Make Up Artistry _____

Spa Body Therapies

Hot Stone Massage _____

Indian Head Massage _____

Specialty

ITEC IPL Diploma _____

ITEC Microdermabrasion Diploma _____

Red Vein _____

Brazilian Waxing _____

Please return the completed Registration form and \$50 deposit to:

International College of Camille, P O Box 302-206, North Harbour, North Shore City.

Ph: 0800 400 800

Payment by: Cheque Credit Card Amount \$ _____

Please complete if you wish to pay by credit card:

Card Number _____ Expiry Date _____

Card Name _____ Signature _____

PLEASE NOTE: DEPOSITS ARE NON-REFUNDABLE HOWEVER THEY ARE TRANSFERABLE. BALANCE OF FEES TO BE PAID ON DATE OF WORKSHOP. ALL THE ABOVE COURSES ARE SUBJECT TO NUMBERS.