

**REGISTRATION FORM GRADUATE WORKSHOPS 2011**

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.**