

REGISTRATION FORM GRADUATE WORKSHOPS

Name: _____ Date of Birth: _____

Name of Salon: _____ Email: _____

Address: _____

Telephone: _____ Mobile: _____

Workshop Attending:

Date Attending

Advanced Facial Treatments

MD08-Micro Dermabrasion & Exfoliation Techniques _____

CP08-Correcting Pigmentation _____

Spa Body Therapies

DR08-Dry Room Body Treatments _____

AT08-Artificial Tan & Contour _____

AC08-Adv Cellulite & Detox Treatments _____

PM08-Pregnancy Massage _____

Certificate in Complementary Therapies:

CT08-Indian Head Massage, Aromatherapy, Reflexology _____

Make-Up Artistry

BT08-Basic Technique _____

ST08-Seasonal Trends in Make-Up _____

MA08-Make-Up Artistry – Free Taster Workshop _____

CMA08-Certificate in Make-Up Artistry (part time) _____

Specialty

IPL08-ITEC IPL Diploma _____

MDA08-ITEC MDA Diploma _____

RV08-Red Vein _____

BW08-Brazilian Waxing _____

EP08-Eyelash Perming & Extensions _____

AM09-Acupressure Massage _____

AN08-Acrylic Nail Applications _____

Nail Art _____

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

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

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 TRANSFERRABLE. BALANCE OF FEES TO BE PAID ON DATE OF WORKSHOP. ALL THE ABOVE COURSES ARE SUBJECT TO NUMBERS.