

Registration Form for Advanced Aesthetic Certification Course

Belle Ame Wellness

Microneedling/Chemical Peel

Location: _____
Course Date: _____
Course Time: _____
<input type="checkbox"/> Microneedling <input type="checkbox"/> Chemical Peel <input type="checkbox"/> Both

Personal Information

Full Name	_____
Email Address	_____
Phone Number	_____
Address	Street: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Licence Information

Are you currently a licensed esthetician?	<input type="checkbox"/> Yes License #: _____ State _____ <input type="checkbox"/> No
Do you have prior experience with Microneedling/ Chem Peel?	<input type="checkbox"/> Yes (Briefly describe): _____ <input type="checkbox"/> No
How did you hear about this course?	_____

Payment Method : Credit Card Debit Card Cash Other (Please specify): _____

Terms and Conditions

I understand that this course is intended for licensed aestheticians and I am responsible for ensuring that I meet the requirements for certification.

I acknowledge that payment is required to reserve my spot in the course, and it is non-refundable except in cases of course cancellation.

I agree to follow all safety protocols and instructions provided by Belle Ame Wellness.

Sign

712 W 25th Street, Sanford, FL

407-915-3575

WWW.BelleAmeWellness.com