



Registration Form

Applicant's Name: Mr. Ms. Dr. _____

Today's Date: _____

Social Security Number: _____

Company (if applicable): _____

Address: _____

City: _____

State or Province: _____

Postal Code or ZIP: _____

Country: _____

Date of Birth: _____

Phone No: _____

Fax No: _____

Email Address: _____

Work Experience/Career/Occupation: _____

Driver's License Number: _____

Credit Card No: _____ Expiry Date: _____

VISA Mastercard Other

Training Program Dates: _____

Release of Blame: Non-licensed Applicants

I hold Lasertlight Cosmedic Laserlight Affiliate Training Institute blameless if I do not meet the minimum requirements as set forth by the Institute or that I fail to complete the course at the

Discretion of the training institute: -

Name of the Applicant _____ Date: _____

Signature: _____

I plan to operate _____ in the municipality of _____
_____ in the Province/State of _____
in the country of _____.

I have checked with my local licensing laws and have found them: I am allowed to perform Laser Hair removal treatments if: Please outline the conditions and clearly identify if any restrictions that are applicable)

Terms of Contract: I agree with and accept the terms of the above agreement and contract.
Signature: _____

Date: _____

The processing application fee is \$100.00(Canadian currency) and is non-refundable. The full tuition fee (\$3500.00 canadian currency) must be made in full payment along with the completion of this form. Upon the completion of the form and the receipt of the full payment the information on program dates, hotel accommodation, transportation etc. will be provided to you.