

## **INSTITUTE**

## **REGISTRATION FORM**

## STUDENT CONTACT INFORMATION

Name:		Date:	
Address:			
City:	State:	Zip Code:	
Home Phone: ( )	Work Phone:	( )	
Cell Phone: ( )	Email:		
How did you hear about our S	chool?		
PROGRAMS:  o Laser Fundam	nentals (11 Day) \$7000		
DATE OF PROGRAM:			
TUITION AMOUNT: \$			
REGISTRATION FEE: \$	DATE PAIL	D:	
BALANCE AMOUNT: \$	DUE DATE	<b>::</b>	
FINANCING:			
you need to cancel for any reason 30 payment method. If cancelation is madays prior. All other cancelations with	days or more prior to schedule ade within 30 days of the sched nin 14 days will not be refunded e bottom I acknowledge that I I	netic Education. Once we have processed your payment, should ed attendance, we will gladly refund all fees in full via the origina duled date of attendance, a 50% refund will be given up to 14 d but may be rescheduled for a later date within one calendar have read and agree with the National Association of Laser and for the agreed up on terms.	I
Signature		Date	