

The Nail Inn
AND SCHOOL OF
COSMETOLOGY

C.E.U. REGISTRATION

NAME: _____ LICENSE#: _____

ADDRESS: _____ PHONE #: _____

EMAIL ADDRESS: _____

CLASS PROGRAM # _____ DATE: _____ PRICE: _____

CLASS PROGRAM # _____ DATE: _____ PRICE: _____

CLASS PROGRAM # _____ DATE: _____ PRICE: _____

CLASS PROGRAM # _____ DATE: _____ PRICE: _____

AMOUNT ENCLOSED: _____

___ CASH

___ MAKE CHECKS PAYABLE TO: THE NAIL INN & SCHOOL OF COSMETOLGY

___ CREDIT CARD # _____ EXPIRATION DATE : _____

MAIL TO: THE NAIL INN & SCHOOL OF COSMETOLOGY
47 STEPHEN STREET
LEMONT, IL 60439

COMMENTS: _____

ANY QUESTIONS PLEASE CALL AND ASK FOR MICHELE
630-243-0387

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NAILINNSCHOOL@YAHOO.COM
WWW.NAILINN.COM