



CLASSIC EYELASH EXTENSIONS C.E.U REGISTRATION

NAME: _____ LICENSE NUMBER _____

ADDRESS: _____ CITY/STATE/ZIP _____

EMAIL ADDRESS: _____ PHONE# _____

CLASS DATE (CHECK ONE)

___ Saturday and Sunday, July 21 and 22 Time: 9:00am - 5:00pm. Full payment due by 7/12/18

___ Saturday and Sunday, July 28 and 29 Time: 9:00am - 5:00pm. Full payment due by 7/19/18

___ Saturday and Sunday, Aug 25 and 26 Time: 9:00am - 5:00pm. Full payment due by 8/16/18

CLASS COST: \$600 | Former Nail Inn Students \$500

This includes the \$100 kit fee

***A minimum non-refundable deposit of \$100 is due at the time this form is turned in.**

AMOUNT ENCLOSED \$ _____

___ CASH ___ CHECK ___ DEBIT/CREDIT CARD (CHECK ONE)

DEBIT/CREDIT CARD# _____

EXPIRATION DATE _____

3-DIGIT SECURITY CODE _____

*I acknowledge that the remaining balance of \$ _____ is due on or before _____.

*I acknowledge that it is my responsibility to secure a live model for day 2 of the training.

SIGNATURE X _____ DATE _____

Make personal checks out to and mailed to:

The Nail Inn & School of Cosmetology
47 Stephen Street
Lemont, IL 60439

Debit/Credit card payments can be taken over the phone at (815)348-2950 or (630)243-0387 and via email at celia@celiadanielle.com or nailinnschool@yahoo.com