

LaserBlazers Laser Hair Removal Training

CEBroker #20-21269

CONTINUING EDUCATION

Do you have any background in hair removal? _____

If so, how long have you been performing hair removal procedures? _____

Please list your Education – Certifications – Licenses -- Experience: _____

What laser training/continuing education/workshops have you attended? _____

How did you hear about us? _____

Date that you would like to attend the course:

1st Choice _____ 2nd Choice _____

Make your check or money order for \$2500 or \$500 (deposit) payable to **Judy Adams**

Visa / MCard #: _____ Exp: _____

The course tuition is \$2,500. This includes all course materials including the CD (disc) and a personalized certificate of completion. Mail your check & this completed registration to:

Judy Adams
651 A1A Beach Blvd.
Suite A
St. Augustine Beach, FL 32080

Fax: 904-461-7320
School: 904-461-0065
Email: LaserCenter@comcast.net

Your training manual will be mailed to this address. Please print clearly.

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____ **Email** _____

Phone (W) _____ **(H)** _____ **(cell)** _____

Your signature: _____

Is this address the same as the billing address for the credit card that you are using? (If not, please write the billing address for this credit card on the back or use a separate sheet.)