

LaserBlazer Laser Hair Removal Training
APPROVED FOR 30 HOUR FLORIDA REQUIREMENT
(64B8-52.004)
CONTINUING EDUCATION

What is your background in hair removal? _____

How long have you been in business? _____

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 payable to Judy Adams.

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, CME
651 A1A Beach Blvd.

Suite A
St. Augustine Beach, FL 32080

Fax: 904-461-7320

School: 904-461-7009

Email: adams@se.rr.com

Please **print clearly** and provide us with the following information:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Email _____

Phone (w) _____ (Cell) _____ (fax) _____

Your signature: _____