

***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 **LaserBlazers**.

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

Fax: 904-461-7320
School: 904-461-7009
Email: 01adams@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: _____

If using a credit card, is this address the same as the billing address? If not, please write the billing address for this card on the back.