



Academy of Aesthetics & Laser Medicine

Class Registration Form

(Print name exactly as you would like it to read on your certificate)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Work Phone: _____

Fax #: _____ Email: _____

License # _____ State _____

How did you hear about us?

Nurse Week

Internet

Friend

Other

Where? _____

Deposit \$ _____

(Check one)

Mastercard

Visa

Cashiers Check

Money Order

Account # _____ Exp.Date: _____

Signature: _____

Check class(s) attending

Botox

Medical Esthetics

Laser Medicine

Dermal Fillers

Course Dates: _____

Academy of Aesthetics and Laser Medicine

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El Cajon, CA 92020

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