



CONTINUING EDUCATION REGISTRATION FORM

SKINSCIENCE
Institute of Laser and Esthetics

APPLICATION FOR REGISTRATION

Name: _____ **Phone:** _____

Esthetics License #: _____ **Issuing State:** _____

Desired Course(s): _____

Date(s): _____

Registration Total: _____

***We accept Visa, MC, Discover & AmEx**

CC#: _____

Expiration: _____

Signature of Cardholder: _____

Billing Address: _____

*A cancellation fee of \$25.00 will apply for cancellations made within 10 days of a scheduled class. Tuition is non-refundable for cancellations made within 48 hours of a scheduled class. Please call us at 801.983.0619 for further information or additional course schedules.

Mail completed registration form to:
The SkinScience Institute, 28 E 2100 S Ste 101, Salt Lake City, UT 84115