



Two Day Workshop Education Registration Form

Salon Name: _____
 Stylist Name: _____
 Salon Address: _____
 Salon City, State ZIP _____
 Main Contact Tel. No: _____
 Preferred Workshop Dates: _____

Preferred Location: San Jose Metro Area Los Angeles Metro Area
 San Francisco Metro Area Sacramento Metro Area
 San Diego Metro Area Other: _____

WORKSHOP COST: REG. PRICE: ~~\$2,688.00~~ SPECIAL: **\$1,196.00**
 DEPOSIT AMT: \$500.00
 BALANCE DUE A WEEK BEFORE THE CLASS: \$696.00

TERMS AND CONDITIONS

Beauty West Services will contact me to confirm a workshop date. I have enclosed a check or filled out the Credit Card information below in the amount of \$500.00 holding my spot in the class. I have enclosed a valid copy of my cosmetology license or will fax it to (323) 726-3238. Deposit is non-refundable. By signing below, I agree to these terms.

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SIGNATURE: _____ Date: _____

CREDIT CARD INFORMATION

Please check one: VISA MasterCard AMEX Discover
 Name on Card: _____
 Credit Card Number: _____
 Expiration Date: _____ Ver. Code : _____
 Billing ZIP: _____

As a convenience to me, I request and authorize Beauty West Services, until revoked by written notice, to charge the credit card listed above — electronically or by any other commercially accepted method—for the payment of invoices posted to my Beauty West Services account. I further agree that treatment of such charges shall be the same as if they were signed personally by me.

SIGNATURE: _____ Date: _____

FOR OFFICE USE ONLY			
Invoice No.:	_____	Workshop Date:	_____
Date:	_____	Workshop Location:	_____

REGISTRATION FORM

PLEASE FAX THIS FORM WITH YOUR COSMOTOLOGY LICENSE TO
 323.726.3238 OR MAIL IT TO 6250 PEACHTREE STREET · COMMERCE, CA 90040