



One Day Workshop Education Registration Form

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

Preferred Location: San Jose Metro Area Los Angeles Metro Area
 San Francisco Metro Area Sacramento Metro Area

WORKSHOP COST: *SPECIAL ONE DAY: \$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 and one Color & Design kit. I have enclosed valid copies of my cosmetology license. Deposit is non-refundable. By signing below, I agree to these terms.

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: _____