



# Registration Form

Scottsdale, Arizona

- A.) Laser and Intense Pulse Light Classroom/Didactic
- B.) Laser Hair Removal Course
- C.) Laser Essentials
- D.) Comprehensive Laser
- E.) Just Tattoo Removal (3-Day Course)
- F.) Chemical Peels, Fractional Plus, or Tattoo Plus
- G.) 8-Day Core Training Course

- CE/CME Medical Aesthetics Comprehensive
- 7 Day CME: Botox, Dermal Fillers, and Laser
- 5 Day Comprehensive Laser Only

- CE/CME Botox, Fillers, Sclerotherapy and Peels
- Weekend CME: Botox, Dermal Fillers, and Schlerotherapy
- Additional Chemical Peel Day

Reserve My Seat Deposit: \$250 (Fully Refundable)

Course Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cellular Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

(NLI retains all student information for internal use only.)

**Help us serve you better; complete the following questions to your best ability:**

Education: \_\_\_\_\_

Work History: \_\_\_\_\_

I am currently: Unemployed  Employed  Employer Name \_\_\_\_\_

I am a: (certification or education not required)

MD  PA  MA  RN  Aesthetician  Student  Other \_\_\_\_\_

**How did you hear about us? (check all that apply)**

Internet  Which search engine did you use? (ie: Google, Yahoo) \_\_\_\_\_

Which Keywords did you use: (ie: laser school) \_\_\_\_\_

Printnt Advertisement  Article  Postcard/Mailing  Seminar  TV  Trade Show

(Referral) Name \_\_\_\_\_

(School) Name \_\_\_\_\_

(Other) \_\_\_\_\_

## Payment

Tuition \_\_\_\_\_ Payment Total \_\_\_\_\_

Check  \_\_\_\_\_ Credit Card (Visa, MasterCard, Discover, and American Express)  \_\_\_\_\_ Other \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV # \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Billing address (if different from above)