

The Makeup Institute

www.themakeupinstitute.com

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Registration Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Referred by: _____

Class: _____

Please list date and location of classes you are registering for:

Class Total: _____

No Kit

Other: _____

Starter Kit \$150 Deposit

Grand Total: _____

Pro Kit \$150 Deposit

Amount Paid Today: _____

Airbrush Kit \$150 Deposit



Today's Date: _____

Jumpstart week deposit \$500

4 day hair workshop deposit \$300

One or two day class deposit \$100

Half day class deposit \$50

Credit Card Info

By signing this, I agree to the terms and conditions listed below.

PLEASE CHARGE MY (Circle One)



PRINT CLEARLY

CREDIT CARD # _____

Name on Credit Card: _____

Expiration Date _____

Amount Charged Today: _____

Promo Code (if given one): _____



We require a non-refundable deposit to register you for class with the balance to be paid at the start of the class date. If for any reason the class is canceled deposits are 100% refunded. Please be sure that the form is completely filled out and accurate. The deposit is deducted from the total class fee.

A confirmation will be mailed to you after your enrollment is received. Based on enrollment, we reserve the right to cancel any workshop. All deposit/registration fees will be refunded if your class was canceled. Deposit/registration fees are NOT REFUNDABLE if you register for the class but can not attend. The balance, if you paid in full, will be transferred to another class of your choice. Must be used within three (3) months. We are not responsible for cancellation penalties for airline flights or hotels. We strongly suggest that you do not book non-refundable flights.

If paying the deposit only, the balance of the tuition will be due on the first day of class. Payment may be made by: Cash, Visa, MasterCard, Discover Card, American Express, Money Order or Cashier check. (NO personal checks). Deposits are non-refundable or transferable. Students must attend the class they are registered for NO EXCEPTIONS

I have read and understand this registration form and agree to the terms and conditions.

Signature: _____

Date: _____