



STUDENT REGISTRATION FORM 2017

Thank you for choosing our Elleebana One Shot Lash Lift Course.
We would like to congratulate you on
your first step to be offering this exciting treatment.
Please fill this form and return to your Instructor.

PRINT NAME: _____

ADDRESS	
E-MAIL	
CONTACT NUMBER & CELL CARRIER (for text confirmation)	
LOCATION FOR TRAINING PERFORMED (E.G. Miami)	
HOW DID YOU FIND OUT ABOUT US?	
COURSE START DATE	

- I have paid in full.
- I will pay full course cost.

Student's signature: _____

Date: _____