



Registration Form EK Classes

Elisabeth Kiss CIDESCO
Euro-Skin Institute

First Name: _____ Last Name: _____

Address: _____

Phone: _____

Email: _____

Name the Class what would you like to take	Date of the Class	Class Fee
1)	\$.....
2)	\$.....
3)	\$.....
4).....	\$.....
5)	\$.....
6).....	\$.....

I am an Esthetician License #.....

I am a Student of

School Phone

Student ID #

Form of Payment:

1. Make check payable to: Elisabeth Kiss Euro-Skin. Mail this form and your check to : Elisabeth Kiss, **1248 A Street, Hayward, CA 94541.**

2. Phone in your credit card information: 650 938-5574, after sending this form via mail (see above) or email: elkiss@euroskin.com [Please do not send credit card info by email]

Signature: _____

Cancellation policy: 72 Hours required. Absolutely NO refunds for last minute cancellations. ☹