

M.A.D. Hair Welcome!

REGISTRATION FORM

Section I:	Student Information	Date _____
Name: _____ I Prefer to be called: _____		
Address: _____ City: _____ State: _____ Zip _____		
Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____		
The best time to contact me is: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. on my <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone		
Whom may we thank for referring you? _____		
Person to contact in case of emergency _____ Phone _____		
Email Address _____		

Section II	Course Registration	
Workshops:	<input type="checkbox"/> Machine Wefting 1-Day \$1,500	Desired Dates: _____
	<input type="checkbox"/> Machine Wefting 2-Day \$5,000	
	<input type="checkbox"/> Hand Wefting Day 1 \$300	
	<input type="checkbox"/> Weave without a Closure 1-Day \$550	
	<input type="checkbox"/> Weaving with a Closure Center 1-Day \$550	
	<input type="checkbox"/> Weave with the Perfect Part 1-Day \$550	
	<input type="checkbox"/> Custom Texturizing 1-Day \$500	
	<input type="checkbox"/> Custom Perming 1-Day \$500	
	<input type="checkbox"/> Custom Coloring 2- Day \$500	
Salon Name _____		
City: _____ State: _____ Zip: _____ Phone: (____) _____		
Work Phone (____) _____ Tax ID # _____		

Section III	Payment Information & Authorization
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Cash <input type="checkbox"/>	M/C <input type="checkbox"/>	VISA <input type="checkbox"/>	Discover Card <input type="checkbox"/>
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Credit Card #:
Expiration Date:
Billing Address
City, State & Zip
Name as it appears on card
Authorized Signature
Email