



Comprehensive Aesthetics Program Registration Form

Program Date _____ Location _____

Dr. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ e-mail _____

Tuition

- ✓ Doctor - \$6900 (this includes the first staff member)
- ✓ Technician- \$4000
- ✓ Additional Staff – \$395

Credit Card # _____ Exp date _____

Billing Address _____

City _____ State _____ Zip _____

A \$1000 non-refundable deposit will be required at time of registration. The balance of your tuition is due no later than **30 days prior to the course**.

Check one of the following for payment option:

I wish to earn a 5% cash discount by paying my tuition in full NOW. I am sending a check in the amount of _____ to arrive no later than _____.
(please mail check to : The Hornbrook Group, 28436 Rancho Cristiano, Laguna Niguel, CA 92677

I wish to make 3 monthly payments of \$2317, for Doctor's tuition. I understand my first payment will be charged at time of registration and then monthly thereafter. Any **staff registration** will be due 30 days prior to the course.

Please charge my deposit of \$1000 now and a check for the balance will be forwarded to arrive no later than 30 days prior to the course.

Please charge my deposit of \$1000 now and the balance charge on _____.

Dr. Signature _____ (required)

Please fax your completed registration forms to Cassie @ 520.568.3871

