

REGISTRATION FORM FOR GIGI'S HAIR PROSTHESIS TOUR 2010

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NAME AND ADDRESS

Last name:		First name:		Middle Initial:	
Address:		City:		State:	Zip Code:
Daytime phone no. ()		Cell phone no. ()		E-mail address:	

CLASS SELECTION

Please check the box next to the class(es) you wish to attend

Prosthesis Design Class \$799 Deposit \$399 <input type="checkbox"/>	Lace Boot Camp \$599 Deposit \$299 <input type="checkbox"/>	Alteration and Integration Class \$399 Deposit \$199 <input type="checkbox"/>
Repairs and Adjustment Class \$199 Deposit \$149 <input type="checkbox"/>	Provision Class \$299 Deposit \$149 <input type="checkbox"/>	Quality Control Class \$399 Deposit \$199 <input type="checkbox"/>

FINANCIAL INFORMATION

Deposits are required at the time of registration. Once accepted in a scheduled class, deposits are non-refundable but may be transferred to a different date and/or location. To provide the maximum opportunity for a quality educational experience, classes are limited to a maximum of 20 students. You are encouraged to enroll as early as possible in order to ensure your acceptance.

Method of payment: Check: _____ Money Order: _____ Credit Card: _____

If paying by credit card please complete the following information:

Type of card:	Visa _____	MasterCard _____	Amex _____	Discover _____
Name as it appears on credit card:		Credit card number:		Expiration date:
Credit card billing address:		City:		State and Zip code:
				Phone no. ()
Total amount authorized: \$ _____				

EMERGENCY CONTACT

Name of friend or relative:	Cell phone no. ()	Work phone no. ()	Home phone no. ()
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LODGING AND TRANSPORTATION

The cost of lodging and transportation is not included in the course fee. However, my staff and I are happy to assist you in making reservations for either. Please check below to indicate your interest in hotel and/or transportation.
 Hotel _____ Transportation _____

Signature _____ Date _____