

OPTIMAL IMAGE SALON HANDS ON TRAINING SIGN UP FORM

Please fax to: 678-916-6897
Or email to: info@optimalimage.com

First & Last Name Printed on Credit Card

Credit Card Billing Address, City, State, & Zip Code

Day time Phone & Email

<input type="checkbox"/> Credit Card Number:
Expiration Date: _____ CCV# _____ (3 or 4 digit # located on back or front of card)

Number of People Attending	_____	Grand Total	_____
Deposit	_____	Balance Due	_____

1. Are You A: Salon Owner _____ Booth Renter _____ Commission Stylist _____ Cosmetology Student _____ Re-Entering Field _____

2. Select all that you are proficient in? Color _____ Weaving _____ Infusion _____ Braiding _____ Cutting _____ Hair Loss _____

Other Skills: _____

3. How long have you been in the beauty industry? _____

4. What professional techniques, systems, and/or products are you currently using? _____

5. What are your goals? _____

Please Mail Information to:
Optimal Image Salon • P.O. BOX 115508 • Atlanta, GA 30310

The Optimal Image Hands On Training and Workshops are for Licensed Cosmetologists, Salon Owners, and Cosmetology Students Only. Please be prepared to show a copy of your current license, diploma, or transcripts.

TERMS AND CONDITIONS/Refund and Credit Policy:

We require a \$800.00 non refundable deposit to register with the balance due 12 business days prior to workshop date. We reserve the right to cancel any class, in which case deposits are 100% refunded. In all other cases, a credit that is good for one year will be issued. Registrations are transferable but will not be confirmed until we have received signed form and non-refundable deposit. Credits cannot be redeemed for cash. **Final payment must be cash or credit. No transactions will be accepted same day as workshop.**

Trainees are allowed to reschedule class one time only. If trainee is unable to attend reschedule class, all deposits, terms and conditions will be forfeited. And trainee must restart registration process. I have read and understand this registration form and agree to the terms and conditions. I authorize Optimal Image Salon to charge my credit card for the amount agreed.

Signature

Date