



CONTINUING EDUCATION REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

LICENSE #: _____

PHONE#: _____

EMAIL: _____

BEST WAY TO REACH YOU? _____

SALON NAME/PHONE (OPTIONAL): _____

CONED CLASSES ARE LISTED ON THE WEBSITE. PLEASE WRITE IN THE CLASSES YOU WISH TO REGISTER FOR. YOUR SPOT WILL NOT BE HELD WITHOUT PAYMENT. PAYING AT THE DOOR (IF THERE IS SPACE) IS ALLOWED, BUT WILL COST MORE THAN PRE-PAYMENT.

CLASS 1: _____

COST: _____

CLASS 2: _____

COST: _____

CLASS 3: _____

COST: _____

CLASS 4: _____

COST: _____

CLASS 5: _____

COST: _____

PLEASE MAIL THIS REGISTRATION FORM TO THE LOCATION OF THE CLASS.

DUBUQUE: 395 MAIN ST., DUBUQUE, IA 52001

CEDAR RAPIDS: 2945 WILLIAMS PKWY SW, CEDAR RAPIDS, IA 52404

DAVENPORT: 2540 E 53RD ST., DAVENPORT, IA 52807

WATERLOO: 2323 CROSSROADS BLVD., WATERLOO, IA 50702