



## NASP Class Registration Form

DATE OF CLASS	
CLASS LOCATION	

Please indicate by circling which Level you are attending:

<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>LEVEL 4</u>
Advanced Pedicure	Infection Control	Comprehensive Foot and Leg Evaluation	Advanced Skin & Nail Pathology, Diabetic Foot Syndrome
\$595 + applicable taxes	\$175 + applicable taxes	\$595 + applicable taxes	\$450 + applicable taxes

**IMPORTANT: A non-refundable 50% deposit must accompany registration form – with the 50% balance due two weeks prior to class date!**

### Personal Information:

Last Name	First Name

Address	City	Province	Postal Code

Home No. ( )	Work No. ( )	Cell No. ( )	Fax No. ( )
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EMAIL:

### Qualifications . . . (number of years)

Pedicurist	Nail Technician	Esthetician	Nurse	Other-Specify

### **Method of Payment: Credit Card, Money Order and/or Cheque**

Note: Money Order/Cheque made payable to: KvG Group Inc.

### Credit Card Users Only:

TYPE OF CARD	CARD NO.	EXPIRY DATE	SIGNATURE

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