



NORTH AMERICAN SCHOOL *of* PODOLOGY

NASP Class Registration Form

DATE OF CLASS	
CLASS LOCATION	

Please indicate 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 + 5% (4 days)	\$175 + 5% (1 day)	\$595 + 5% (4 days)	\$450 + 5% (2 days)

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

Personal History:

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

Name to appear on certificate . . . (please print clearly)

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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
