



NORTH AMERICAN SCHOOL *of* PEDICURING

NASP Class Registration Form . . .

DATE OF CLASS	
CLASS LOCATION	

Please indicate which Level you are attending:

<u>LEVEL 1</u> Master Pedicure Program \$595 (4 days)	<u>LEVEL 2</u> Infection Control \$175 (1 day)	<u>LEVEL 3</u> Comprehensive Foot and Leg Evaluation \$595 (4 days)	<u>LEVEL 4</u> Advanced Skin & Nail Pathology, Diabetic Foot Syndrome \$450 (2 days)
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**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	State	Zip 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

