

# Rejuvenate njector

— T R A I N I N G —

## REGISTRATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Course(s) of Interest: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Cancellation Policy: - Full refunds for cancellations made more than 30 days prior to the course date.

After 30 days no refunds will be given. Payment must be made in full 7 days prior to course date

I authorize Rejuvenate Injector Training to charge my credit card for the full amount of the above course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date