

CERTIFICATE PROGRAM

Registration Form



First Name: _____
Last Name: _____
Address: _____
City: _____
Province: _____ Postal Code: _____
Home Phone: _____
Mobile: _____
Email address: _____

PAYMENT METHOD CREDIT CARD CASH

Name: _____
(as it appears on your credit card)

Credit Card Type: _____

CC Number: _____

CC Expiry: _____

CC Rear 3 Digits: _____

Charge Deposit Amount: \$500.00

CERTIFICATE PROGRAM

MEDICAL AESTHETICIAN CERTIFICATE (Skin Therapy / Laser Hair Removal / Microneedling)

FACE & BODY SCAR CERTIFICATE

MICRONEEDLING CERTIFICATE

STRETCH MARKS REMOVAL CERTIFICATE

FACE & NECK TIGHTENING CERTIFICATE

SKIN TAG REMOVAL CERTIFICATE

SPIDER VEIN CERTIFICATE

LASER HAIR REMOVAL CERTIFICATE

SKIN THERAPY CERTIFICATE

SPIDER VEIN CERTIFICATE

BOTOX CERTIFICATE

THREADLIFT TRAINING CERTIFICATE

DERMAL FILLER CERTIFICATE

PLATELET RICH PLASMA (PRP) CERTIFICATE

I agree that Ivy Laser Clinic Inc. can charge my credit card for a one-time payment for deposit in the amount of \$500, this deposit will be used towards my course Tuition. It is my obligation to meet the above schedule on time.

Deposit is not refundable.

Please accept submission of this deposit form as my electronic signature and verification I understand the course obligation.

Signature: _____ Date: _____

Authorization Signature: _____ Date: _____