

# Aesthetic MD Training Registration Form

Phone: (602) 485-3621 Fax: (480) 991-0471

**Please complete the registration form below, and fax to: (480) 991-0471.**

Reservations are on a first come, first served basis, and registration is not complete until payment in full is received by Aesthetic MD. Aesthetic MD reserves the right to refuse registration to any person at it's discession.

|                    |                             |
|--------------------|-----------------------------|
| <b>Name:</b> _____ | <b>Medical Title:</b> _____ |
|--------------------|-----------------------------|

Attendees must be licensed to prescribe medicine in their state, or be attending under the supervision of such licensee.

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Training \_\_\_\_\_ Tuition Price \$ \_\_\_\_\_

|                        |              |             |            |             |                 |                      |
|------------------------|--------------|-------------|------------|-------------|-----------------|----------------------|
| <b>Form of Payment</b> | <b>Check</b> | <b>Visa</b> | <b>M/C</b> | <b>AMEX</b> | <b>Discover</b> | <b>Wire Transfer</b> |
|------------------------|--------------|-------------|------------|-------------|-----------------|----------------------|

Please circle one, and include card number below if paying with Credit Card

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ / \_\_\_\_\_ CVV2 Code (3-4 #'s on back signature panel) \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Billing Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholders Signature \_\_\_\_\_  
(Authorizing amount under "Tuition Price" listed above)

*Office Use Only*

Referred by \_\_\_\_\_ Deposit Ammount \_\_\_\_\_

Partial Payment Record (Optional)