

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.

Name: _____	Medical Title: _____
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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 \$ _____

Form of Payment	Check	Visa	M/C	AMEX	Discover	Wire Transfer
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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)