



L'Académie de Beauté & Distribution
Beauty Academy & Distribution

Registration Form

| | |
|----------------------|------------------------|
| Last name | First name |
| Address | |
| City | postal code |
| Home Tel: () | Office Tel: () |

REGISTER ME FOR THE FOLLOWING COURSE (S):

| Course Description | Course Dates | Course Total |
|--------------------|--------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL AMOUNT OF COURSES: _____ \$

PAYMENT:

Cheque payable to: Belmonda Inc. for the amount of: _____ \$

(Do not send cash by mail)

Credit card payment:

- Visa**
- Master Card**

Name of cardholder

Card number

Expiration date

Signature

You may send your registration by fax, mail or email.

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Tel: (514)697-4100 **Fax:** (514)697-6652
admin@belmonda.com