

Debra Macki Cosmetics

www.debramacki.com
tel/fax: 978.745.7009 email: info@debramacki.com

Registration form

Name: _____ Today's Date: _____

Address: _____ City/State/Zip: _____

Phone: _____ Birthdate: _____

Referred by: _____ E-mail: _____

List any experience, if any, that you have in the beauty/fashion industry:

Please list date and location of classes you are registering for:

Class total: _____

Other: _____

GRAND TOTAL: _____

Amount Paid today: _____

TERMS AND CONDITIONS / Refund and Credit Policy: We require a 50% non-refundable deposit to register with the balance due 30 days prior to start date. Refunds will only be issued due to low enrollment. We reserve the right to cancel any class, in which case deposits are 100% refunded. In all other cases, a credit that is good for one year will be issued. Registrations are non-transferable & cannot be confirmed until we have received signed form and non-refundable deposit. All credits are non-refundable, non-transferable, and cannot be redeemed for cash.

If you cancel a class 30 days or less from the start date, it is non-refundable under any circumstance and you will be charged a \$400 cancellation fee. You will be given a credit good for one year. If you cancel a class 31 days or more from the start date, you will be charged a \$400 cancellation fee per class and have the choice of a refund or credit that is good for one year. The refund/credit will be any amount that you paid except for the non-refundable deposit and cancellation fee. To receive this refund, we must have a written request sent by certified mail only & postmarked 31 days or more from the start date of the class. NO EXCEPTIONS.

I have read and understand this registration form and agree to the terms and conditions.

Signature: _____ Date: _____

Each class requires a nonrefundable 50% deposit with the balance due 30 days prior to start date. We accept MC/Visa/Discover. Please make all checks payable to: Debra Macki Cosmetics. Mail/fax deposit and registration form to: **Debra Macki Cosmetics, 8 Front Street, Suite 212, Salem, MA 01970. Fax # 978.745.7009**

Credit Card info.

By signing this, I agree to the terms and conditions listed above. Please charge my credit card.

Card Type: (circle one) Master Card Visa Discover

Name on card: _____ Expiration Date: _____

Card Number: _____ V-code (last 3 digits on signature panel following your card #) : _____

Amount Charged Today: _____

Signature: x _____

Please sign your initials if you want balance due automatically charged to the credit card we have on file 30 days prior to class starting: x _____

Billing address for your credit card:

_Address/City/Zip: _____