

Application Form

Please Print & Submit this Application by Fax: 202.318.7810

Course requested (circle):

Liposuction Mini-lift Eyelid lift Botox Fillers Laser Hair removal Spider Vein removal Running a cosmetic practice

Last, Middle, First Name : _____

Address : _____

City, State,zip,Country : _____

Telephone # : _____

Fax : _____

Email address : _____

Medical Degree and
year of graduation
(choose one) : MD or DO

State Medical License
number : _____

RN/PA/NRP State
License number : _____

Current Specialty
(Circle)Private-Practice
Resident Fellow
Faculty please specify : _____

Have you had drug or alcohol abuse or dependency within the past 3 years? _____

List your preferred course schedules:

Refund Policy

If notice of cancellation is given 3 days prior to the course starting date, you will receive 100%. If payment is made through a credit card, the credit card charges will be deducted which is an average of 5.9%.

CME Credit

We provide 15 CME hours for the entire 2 days course.

Concurrent Staff training

You are allowed to bring one medical assistant/nurse to attend the course at no extra charge. Your staff will be restricted to sterilizations and Operating room prep.

Payment methods.

BOX: I would like a payment plan where I pay 50% now and 50% in 12 equal payments. We will email me further info.

BOX: I am a resident/fellow and would like deferred payment plan. We will email me further info.

I am making my deposit of BOX \$900 BOX \$500 via Visa/MasterCard or BOX will mail a check

(**check's must be mailed 12 days prior to start of course**)

Card number : _____

Expiration date : _____

CVV code : _____

Card address : _____

City, state, zip : _____

Signature _____

Date _____