



**REGISTRATION FORM**

DATE:

Name		Date of Birth	
Home Address		City	State
		Zip	
Home Phone	Email		

**PAYMENT METHOD**

(Payment must be received at the time of registration)

Check (payable to Hairline Illusions, LLC)  
 Visa  MasterCard  Discover  
 American Express

Credit Card #	
Expiration Date	CV CODE
Name as it appears on the card	
Signature	

**Print, complete and fax to:  
(212) 631-7539 or (866) 777-7567**

WORKSHOP TITLE	DESIRED DATE(S)	COST
		\$
		\$
		\$
	<b>TOTAL</b>	\$
Please note class attendance is not confirmed until deposit is completed.	<b>50% DEPOSIT</b>	\$