

light elegance

Class Registration

Date	Educator's Name	Educator's Signature
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Technician Name	Address	City	State	Zip	Phone
Salon Name	Address	City	State	Zip	Phone

Technician Name	Address	City	State	Zip	Phone
Salon Name	Address	City	State	Zip	Phone

Technician Name	Address	City	State	Zip	Phone
Salon Name	Address	City	State	Zip	Phone

Technician Name	Address	City	State	Zip	Phone
Salon Name	Address	City	State	Zip	Phone

Technician Name	Address	City	State	Zip	Phone
Salon Name	Address	City	State	Zip	Phone

- Send in a copy of this form to the distributor or McConnell Labs. Reimbursements will not be made unless a minimum of three students attend this class.

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