

REQUIRED INFORMATION

Please complete the application form thoroughly as incomplete forms will NOT be processed. Note that course registration forms can only be submitted via email: info@cssmed.ca.

Name of Applicant: (First) _____ (Last) _____

Primary Cell Number: _____ Email Address: _____

Name of Practice: _____ License Number: _____ Number of Years in Practice: _____ Year(s)

Address of Practice: _____ City: _____ Province: _____ Postal Code: _____

Mailing Address: Same as above? If not: _____ City: _____ Province: _____ Postal Code: _____

PRIVATE TRAINING ENROLLMENT

Please check mark the course(s) in which you wish to enroll. All registrants are subject to pre-interview with the course instructor in order to customize the details of requested training.

- | | |
|--|-------------------------|
| <input type="checkbox"/> PT 1: Neuromodulator (Botulinum Toxin) Injections | Area(s) of Focus: _____ |
| <input type="checkbox"/> PT 2: Injectable Dermal Fillers | Area(s) of Focus: _____ |
| <input type="checkbox"/> PT 3: Device Based Injectables | Area(s) of Focus: _____ |
| <input type="checkbox"/> PT 4: Energy Based Therapies | Area(s) of Focus: _____ |
| <input type="checkbox"/> PT 5: Cosmetic Dermatological Minor Surgery | Area(s) of Focus: _____ |

PAYMENT METHOD

Once the course registration form is reviewed, registrants will receive an email regarding the course details along with payment methods. The full payment must be received 10 days prior to the desired course date in order to guarantee the enrollment. A fee of \$50 will incur for insufficient cheques. A receipt of payment will be issued electronically via email.

COURSE LOCATION

SKINLIFE CLINIC: #215 - 138 13th St. E., North Vancouver, BC V7L 0E5

ACKNOWLEDGEMENT

By signing below, I certify that the information I have provided on this form is true and without omission and error. I understand that the course fee(s) is non-refundable nor can it be cancelled once registered. I understand that the course registration and/or certification process may be denied at any time inconsistency is found. I hereby authorize Canadian Society of Skin Medicine to verify the above information with my licensing authority.

Name (Print): _____ Signature: _____ Date: _____