

STUDENT PRE-REGISTRATION FORM

Please fill out and fax back to the Dinair Institute 818.301.2354- Attention Registration

WORKSHOP DATE: _____

PERSONAL INFORMATION: (PLEASE PRINT)

First Name: _____

Date: _____

Last Name: _____

E-Mail: _____

Salon: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Fax: _____

Credit Card #: _____

Expires: _____ Code: _____

Shirt Size: S M L XL XXL XXXL

Shirt Style: M F

Shade Range: F M D T

Compressor Color: B W R CHAMP Other: _____

ENROLLMENT QUALIFICATIONS:

Are you a Makeup Artist?

YES

NO

Have you ever done retail makeup?

Have you received information on Dinair?

Have you sprayed makeup before?

Which brand do you use? _____

Foundation: _____

Blush: _____

Eye Shadow: _____

Lip Stick: _____

Hair Color: _____

Airbrush: _____

Do you work for a makeup company?

Which company? _____

Have you worked for a makeup company?

Are you interested to work with Dinair?

Have you sold makeup before?

Are you interested in selling for Dinair?

Prices are subject to change without notice. All prices in U.S. Dollars unless otherwise noted. Dinair reserves the right to refuse admission and /or to refuse to train person that are employees or freelance employees of cosmetics beauty products manufacturers or retailers.