

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: _____

Company: _____

Title: _____

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:

	YES	NO
Are you a Makeup Artist?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever done retail makeup?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information on Dinair?	<input type="checkbox"/>	<input type="checkbox"/>
Have you sprayed makeup before?	<input type="checkbox"/>	<input type="checkbox"/>

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.

Which brand do you use? _____

Foundation: _____

Blush: _____

Eye Shadow: _____

Lip Stick: _____

Hair Color: _____

Airbrush: _____

Do you work for a makeup company? YES NO

Which company? _____

Have you worked for a makeup company? YES NO

Are you interested to work with Dinair? YES NO

Have you sold makeup before? YES NO

Are you interested in selling for Dinair? YES NO

DINAIR PRO APPLICATION

*Required

Name*	<input type="text"/>	Address	<input type="text"/>
Email*	<input type="text"/>	City	<input type="text"/>
Phone*	<input type="text"/>	Country	<input type="text"/>
Company*	<input type="text"/>	State	<input type="text"/>
		Zip code	<input type="text"/>

- | | | | | |
|--|---------------------------------------|---|--|---|
| <input type="checkbox"/> Salon/Spa Owner | <input type="checkbox"/> School Owner | <input type="checkbox"/> Instructor | <input type="checkbox"/> Makeup Artist | <input type="checkbox"/> HD Makeup Consultant |
| <input type="checkbox"/> Aesthetician | <input type="checkbox"/> Photographer | <input type="checkbox"/> Performer/On-Air Talent | <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Hair Stylist |
| <input type="checkbox"/> Nail Tech | <input type="checkbox"/> Model | <input type="checkbox"/> Stylist/Costume Designer | <input type="checkbox"/> Other: _____ | |



PROFESSIONAL IDENTIFICATION

A copy of photo identification and two pieces of professional criteria must be emailed, mailed or faxed after the application is submitted. Examples of professional identification include: Business Card with name and specific profession, editorial page with name credit, union card, head shot & resume, professional license, diploma/certificate, composite card, publication masthead, program/press materials with name, contract on production company letterhead, crew/call list on production company letterhead, professional letter of reference of employment. The required identification must be current, indicate your name and specific profession. DinairPRO reserves the right to require additional documentation, all identification will be destroyed after processing and will not be returned to you. DinairPRO reserves the right to reject the application for any or no reason.

STUDENT REQUIREMENTS

Student applicants must provide proof of enrollment along with photo identification. The proof of enrollment must be current and indicate the name of the program you are enrolled in, along with the start and end date of your program.

MEMBERSHIP FEE

The membership fee is \$35 annually . After you submit this application, you will be emailed a link to pay for the membership. You may also call and pay your membership fee over the phone.

MEMBERSHIP AGREEMENT

By submitting the DinairPRO Membership Application I am acknowledging that I have read the Terms & Conditions and the membership guidelines below and agree to be bound by them. I understand that the membership fee is non-refundable.

TERMS & CONDITIONS

Not all benefits are available in all markets. International discounts may vary. All DinairPRO members are eligible for program benefits, regardless of area of residence, unless otherwise noted. Dinair Airbrush Makeup Systems, Inc. reserves the right to modify the program and its benefits at any time without prior notice. Membership fees are non-refundable. DinairPRO is a paid-for membership program available to professional artists.

MEMBERSHIP GUIDELINES

The Dinair Pro membership allows members to receive up to a 30% discount on Dinair Products. Some items are excluded from receiving the Pro discount. All eligible items will be discounted accordingly. Items purchased with the Dinair Pro membership discount should be used for personal and professional use, not to be re-sold under any circumstances. Dinair reserves the right to limit membership purchases. Members are only able to purchase up to 3 airbrush kits per year, using the Pro membership discount.

Signature

Date

Dinair Credit Card Authorization

6219 Laurel Canyon Blvd. North Hollywood, CA 91607

Contact: chris.a@dinair.com * accounting@dinair.com * Telephone: 818-785-4770, ext. 7000

CONTACT INFORMATION

T Name: _____
O Address _____
City/State/Zip _____
Credit Mgr _____
Phone _____

B Name _____
I Address _____
L City/State/Zip _____
L E-Mail _____
Phone _____

Business Type: Sole Proprietor Partnership

Corporation: School/ Salon

If Corp, STATE _____

Credit/DebitCard



For Visa and MasterCard:



3 Digit CVC Number



Card Number

Expiration Date

Security code

(near the signature strip)

Your name as it appears on
the card

For Dinair Sales Order /

Amount

The above information is submitted for the sole
purchase of items related to Dinair Airbrush Makeup
System and hereby certify the information to be true.

SIGNED _____
TITLE _____
DATE _____

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