

STUDENT PRE-REGISTRATION FORM

Workshop Date:

Date: _____

Please Print:

First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____ State: _____

Country: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

Credit Card #: _____ Expires: _____ Code#: _____

ENROLLMENT QUALIFICATIONS:

Are you a Makeup Artist?	Foundation – Which Brand do you use?		Do you work for a makeup company?
Have you ever done retail makeup?	Blush	Eye shadow	Which Company?
Have you received information on Dinair?	Lip Stick	Hair Color	Have you worked for a makeup Company?
Have you sprayed makeup before?	Airbrushed?		(Interested to work with Dinair)

Please fill out and fax back to the Dinair Institute 818.780.4748 – Attention Registration

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 refuse to train persons that are employees or freelance employees of cosmetic beauty products manufacturers or retailers.

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