



## BACK TO BEAUTY BASICS WORKSHOP REGISTRATION

WORKSHOPS THAT FULFILL THE MARCH 2017 CE LICENSE RENEWAL REQUIREMENTS,

OR—IF YOU MISSED OUT—OPTIONAL WORKSHOPS FULFILLING THE MARCH 2017 RENEWAL REQUIREMENTS

**Register by mail:**

Gill-Tech Academy  
Attn: Admissions  
230 S. McCarthy Road  
Appleton, WI 54914

**Register on-line:**

www.gill-tech.com  
State Required Continuing Ed.  
Fill out form, mail or drop off  
at Gill-Tech Academy

**Register by phone**

**(credit card payments  
only):**  
Attn: Admissions  
920.739.8684 Ext. 305

**Register in person:**

Reception or Admissions Dept.  
Gill-Tech Academy  
230 S. McCarthy Road  
Appleton WI 54914

### CONTACT INFORMATION

Name \_\_\_\_\_ Professional License # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

\*An email address is required for confirmation of registration and workshops selected.

**REGISTER FOR BACK TO BEAUTY BASICS 4 TO FULFILL THE MARCH 2017 CE LICENSE RENEWAL REQUIREMENTS,  
OR REGISTER FOR BACK TO BASICS 6 TO FULFILL THE MARCH 2017 RENEWAL REQUIREMENTS**

**REGISTRATION FEE** (SELECT ONE)

- Registration for Back to Beauty Basics 4 = \$45.00**  
Includes: three hours in safety, sanitation and infection control (SSIC) and one hour in laws governing licensees and establishments (Laws), Diploma.
- Registration for Back to Beauty Basics 6 = \$65.00**  
Includes: four hours in safety, sanitation and infection control (SSIC) and two hours in laws governing licensees and establishments (Laws), Diploma.  
*\*\*\*\$25 charge for registration cancellation. Registration cancellations must be made in writing No Refunds 5 days prior to the workshop start.*

**WORKSHOP DATES** (CIRCLE ONE)

**Monday, November 7, 2016**  
**Monday, January 16, 2017**  
**Monday, February 20, 2017**  
**8:00 A.M.—12:15 Noon**

### REGISTRATION PAYMENT

Check # \_\_\_\_\_  Visa  MasterCard

Make checks payable to Gill-Tech Academy. A \$20 fee will be assessed for any returned checks.

Total Amount Due \$ \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder's Phone # \_\_\_\_\_

**Back to Beauty Basics 4  
Workshop runs from  
8:00AM-12:15 PM.**

For Office Use Only

Transaction # \_\_\_\_\_

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

Initials \_\_\_\_\_