



**PRIVATE TRAINING ONE ON ONE WITH THUY**

COST IS \$250 PLUS GST PER HOUR

50% PLUS GST NON REFUNDABLE DEPOSIT IS REQUIRED WITH THIS SIGNED REGISTRATION FORM. THE REMAINDER 50% PLUS GST REMAINDER TO BE PAID BY CASH, DEBIT, ETRANSFER OR BANK DRAFT IN THE NAME OF 'BROWNUDE INC' PRIOR TO THE START OF THE HOURLY COURSE.

**CLASS INCLUDES:** All Required Class Materials and Certification

**Attendance**

Class attendance is the student's responsibility. If the student can not attend the scheduled class it is their responsibility to sell their seat.

**Cancelled or Relocated Classes**

Brownude Permanent Cosmetics & Academy reserves the right to cancel a class at its discretion. Students shall be notified and refunded 100% of their amount paid if the class is cancelled.

Brownude Permanent Cosmetics & Academy reserves the right to relocate a class if unforeseen circumstances force us to do so. Students will be notified as soon as the new location information is confirmed and established.

**PLEASE BRING:** Closed toe shoes or you will not be allowed in the procedure room.

**LET US KNOW IF YOU HAVE ANY DIETARY RESTRICTIONS OR ALLERGIES:** \_\_\_\_\_

**LOCATION OF COURSE:** #106-7609 109 Street Edmonton, AB, Canada

**PLEASE LET US KNOW YOUR SOCIAL MEDIA (FB/IG)** \_\_\_\_\_

**HOW MANY HOURS WOULD YOU LIKE TO BOOK (MINIMUM OF 2)** \_\_\_\_\_

**PLEASE LET US KNOW WHAT AREAS ARE YOU WANTING TO IMPROVE ON:** \_\_\_\_\_

\_\_\_\_\_

Students Printed Name \_\_\_\_\_

Students Signature \_\_\_\_\_

Dated \_\_\_\_\_

# REGISTRATION FORM

NAME (to be shown on your certificate, please print clearly):	
ADDRESS:	
EMAIL ADDRESS:	
PHONE NUMBER:	
DATE OF COURSE (please call studio to confirm available dates):	
PLEASE SIGN YOUR NAME:	DATE:

This form is legally binding when signed by the student and accepted by Brownude Inc  
Please scan and email required forms to [info@brownude.com](mailto:info@brownude.com)

## PLEASE INITIAL THE FOLLOWING:

- I am attending the class solely for my own benefit and for the benefit of my clients
- I am not a trainer, or an employee of a trainer, or attending the class on behalf of any trainer or organization representing training in the field of permanent cosmetics.
- I understand and agree that the handouts and power point slides (materials) used in the class are copyrighted materials under Canadian copyright law, and that I may not:
- a. copy them or any part of them (e.g. illustrations or specific text)
  - b. use them for any purpose outside of the class other than my personal reference
  - c. sell, redistribute or reproduce for sale
  - d. provide them to anyone else
  - e. publish them or any part of them on the internet or anywhere else
  - f. use them for training any third party
- I agree not to record or photograph any part of the presentations in the class, including any materials unless permitted by Brownude Inc
- I agree not to use any electronic devices in the class unless agreed to by Brownude Inc
- It is the responsibility of the student to research provincial and local regulations applicable to permanent cosmetics, tattooing or tattoo removal in their locality

**My signature below certifies that I have read, understood and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.**

Students Printed Name \_\_\_\_\_

Students Signature \_\_\_\_\_

Dated \_\_\_\_\_



#106-7609 109 Street  
Edmonton, Alberta T6G 1C3  
780-616-6616

One Time Credit Card Payment Authorization Form

Sign and make complete this form to authorize Brownude Inc to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. **Please Note: THERE ARE NO REFUNDS**

Please complete the information below:

I \_\_\_\_\_(name) authorize Brownude Inc to charge my credit card account indicated below for \_\_\_\_\_ (50% of total with gst) on or after \_\_\_\_\_ (date).

Payment is for "Private one on one training with Thuy" on \_\_\_\_\_(date).

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Account Type: **MasterCard** **Visa**

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVVS: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I authorize Brownude Inc to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the class described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.