

Dated _____

THESE ARE PRIVATE ONE ON ONE COURSES WITH THUY. ALL DEPOSITS ARE \$1000 PLUS GST TO HOLD YOUR SEAT AND DATE. THE REMAINDER OF COURSE MUST BE PAID BY BANK DRAFT MADE OUT TO 'BROWNUDE INC' OR ETRANSFER TWO WEEKS PRIOR OR CASH DAY OF. DEPOSITS ARE NON REFUNDABLE.

PLEASE CHECK OFF YOUR DESIRED EYEBROW COURSE:		
☐ MANUAL MICROBLADED HAIRSTROKES (1 DAY) TOTAL CLASS COST IS \$2500 PLUS GST		
☐ BEGINNER MACHINE POWDERED OMBRE (1 DAY) TOTAL CLASS COST IS \$3000 PLUS GST		
☐ ADVANCED MACHINE POWDERED OMBRE (1 DAY) TOTAL CLASS COST IS \$3000 PLUS GST		
☐ MICROBLADING HAIRSTROKES & MACHINE POWDERED OMBRE (2 DAYS) TOTAL CLASS COST IS \$5500 PLUS GST		
☐ MACHINE FRONT HAIRSTROKES & POWDERED OMBRE ENDS (2 DAYS) TOTAL CLASS COST IS \$5500 PLUS GST		
☐ MACHINE LIP BLUSH (1 DAY) TOTAL CLASS COST IS \$3000 PLUS GST		
☐ MACHINE EYELINER: INTERLASH AND SMOKEY (1 DAY) TOTAL CLASS COST IS \$3000 PLUS GST		
□ SALINE REMOVAL (3 HOURS) TOTAL CLASS COST IS \$1000 PLUS GST		
CLASS INCLUDES: Training manual, Practice Materials, Hands on Model, Certification and Take Home Kit		
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 and black attire. LET US KNOW IF YOU HAVE ANY DIETARY RESTRICTIONS OR ALLERGIES:		
LOCATION OF COURSE: 10622 170th Street Edmonton, AB, Canada		
LOCATION OF COUNCE. 10022 170 Street Eumonion, AD, Canada		
Students Printed Name Students Signature		

REGISTRATION FORM:

NAME (to be shown on your certificate, please print	clearly):
ADDRESS:	
FAMIL ADDDESO	
EMAIL ADDRESS:	
PHONE NUMBER:	
DATE OF COURSE (please call studio to confirm ava	ailable dates):
, and the second	
DI FACE CIONI VOLID NAME.	DATE
PLEASE SIGN YOUR NAME:	DATE:
This form is legally binding when signed by the Please scan and email required form	· · ·
r lease searrana emair required form	15 to <u>imogprownddc.com</u>
PLEASE INITIAL THE FOLLOWING:	the second from the advance of the forest of the second
I am attending the class solely for my own benefiI am not a trainer, or an employee of a trainer, or	•
organization representing training in the field of p	· ·
	ower 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. illustrat	
b. use them for any purpose outside of the cla	uss other than my personal reference
c. sell, redistribute or reproduce for sale	
d. provide them to anyone elsee. publish them or any part of them on the inte	prnot or anywhore elec
f. use them for training any third party	THELOF ALLYWHERE EISE
0 , 1 ,	the presentations in the class, including any materials
unless permitted by Brownude Inc	no procentations in the stace, including any materials
I agree not to use any electronic devices in the c	lass unless agreed to by Brownude Inc
It is the responsibility of the student to research p	provincial and local regulations applicable to permanent
cosmetics, tattooing or tattoo removal in their lo	cality
My signature below certifies that I have read, understo	ood and agreed to my rights and responsibilities, and
that the institution's cancellation and refund policies h	ave been clearly explained to me.
Students Printed Name	Students Signature
Dated	
Dailed	



10622 170th Street Edmonton Alberta T5S1P3 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 authorize account indicated below for \$1050 on or afte credit card to go through for deposit)	
Payment is for "Private one on one training v For	
Billing Address: Phone Number: Email:	
Account Type: MasterCard Visa Cardholder Name: Account Number: Expiration Date:	
SIGNATURF	_ CVV3

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.