



PLEASE CHECK OFF YOUR DESIRED COURSE:

BEGINNERS NANOSHADING COURSE VANCOUVER from 10am-6:30pm

TOTAL CLASS COST IS \$3700 PLUS GST

\$1000 PLUS TAXES NON REFUNDABLE DEPOSIT IS REQUIRED WITH THIS SIGNED REGISTRATION FORM.

\$2700 PLUS GST REMAINDER TO BE PAID BY BANK DRAFT MADE OUT TO 'BROWNUDE CANADA INC'
OR ETRANSFER DUE TWO WEEKS PRIOR TO THE START OF COURSE

**You must bring 1 model on day 2 of class at 2:30pm

If you are unable to get a model we can assist you. Please let us know one week prior, it is NOT guaranteed we will find you one though.

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: Black attire and 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: Brownude Academy 3611 West 4th Avenue Vancouver, BC V6R1P2

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 IN VANCOUVER:	
PLEASE SIGN YOUR NAME:	DATE:

This form is legally binding when signed by the student and accepted by Brownude Canada Inc
Please scan and email required forms to 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 Canada Inc
- I agree not to use any electronic devices in the class unless agreed to by Brownude Canada 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 _____



3611 West 4th Avenue
Vancouver, BC V6R1P2
(604)561-6616

One Time Credit Card Payment Authorization Form

Sign and make complete this form to authorize Brownude Canada 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 Brownude Canada Inc to charge my credit card account indicated below for \$1050 on or after _____ (date for credit card to go through for deposit).

Payment is for _____ (date) course for _____ (please provide course) in Vancouver, BC.

Billing Address: _____

Phone Number: _____

Email: _____

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

Cardholder Name: _____

Account Number: _____

Expiration Date: _____ CVVS: _____

SIGNATURE: _____ **DATE:** _____

I authorize Brownude Canada 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.