

RESERVATION FORM

Please be sure to read all pre-course information prior to filling out this form.

Name and credentials as you would like it to appear on your certificate:

Course Dates and City Location: _____

AGD Number (if applicable): _____

***Injectables are not included in course tuition. If you need the pricing for injectables, please contact our CSR team. We accept credit cards only.**

Names of Attending Team Members:

If you are an AAFE member, you get 1 team member for free if you are taking two courses OR 2 free team members if you are taking three courses – please indicate their names below.

1. _____

2. _____

*Per AAFE company policy, team members **do not** include injectors such as any physicians, nurses, nurse practitioners, physician assistant, or dentists. *All names will be verified through the state boards and full tuition will be charged if this policy is not carried out*.*

Names of Patients:

Patients are free of charge and only attend at designated times

1. _____

2. _____

**We can guarantee time for at least one patient. If there is additional time, you're welcome to bring a second patient with minimal faculty supervision. **

Please fax this form along with medical/dental/nursing license to # 216-395-0110 or 216-672-5230, or you may scan and email it to Reservations@FacialEsthetics.org