

# ACSP Continuing Education Classes

## Registration Form

Please fill out the entire form NEATLY and mail with payment to: ACSP PO Box 207 Chapin, SC 29036. Be sure to read all the registration information before registering for class! **THERE ARE NO REFUNDS!**

Name \_\_\_\_\_ Social Security Number (last 4) \_\_\_\_\_  
Professional License # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Circle the course(s) you would like to register for:

1   2   3   4   5   6   7   8   9   10   11   12

Circle one:    Cosmetologist        Nail Tech

ACSP Member? No \_\_\_\_\_ Yes \_\_\_\_\_

Driver's License Number: \_\_\_\_\_  
*(Required if paying with a check)*