

CHICAGO NAIL SCHOOL
13004 S. Western Avenue
Blue Island Il., 60406
TELEPHONE # 708-597-9999

WORKSHOP APPLICATION

NAME _____ **DATE** _____

ADDRESS _____

TELEPHONE #. _____ **SS#** _____

COSMO / NAIL TECHNICIAN LICENSE #. _____

WHICH WORKSHOP(S) ARE YOU INTERESTED IN.

WHAT DAY OR DATE ARE YOU INTERESTED IN _____ **TIME** _____

FIBERGLASS APPLICATION _____ **PEDICURING TECHNIQUES (SPA)** _____

VIETNAMESE STYLE VERSUS TRADITIONAL LIGHT CURE GEL _____

ACRYLIC (ONE BALL APPLICATION) _____

MANICURING TECHNIQUES (SPA) _____ **NAIL ART MADE EASY** _____

AIRBRUSHING _____ **SANITATION AND DISINFECTION** _____

ARTIFICIAL NAIL PRODUCT CHEMISTRY _____ **ELECTRIC FILING** _____

ARTIFICIAL NAIL STRUCTURE TECHNIQUE _____ **GEL** _____

TECHNICAL SUPPORT _____ **HANDS ON NAIL ART** _____

OTHER _____

ALL SALES FINAL, NO REFUND, EXCHANGES, OR RAIN CHECKS.

A CERTIFICATE WILL BE ISSUED AT THE END OF EACH WORKSHOP.

PARTICIPANT WISHING TO TAKE WORKSHOP(S) ON A HOURLY BASIS MAY DO SO AT A COST OF \$18.00 PER HOUR.

CASH _____ **CHECK** _____ **CREDIT CARD#** _____

CREDIT CARD EXPIRATION DATE _____

COSMO / NAIL TECHNICIAN SIGNATURE _____ **DATE** _____

REGISTRATION OFFICER SIGNATURE _____ **DATE** _____