



Please complete the following form and bring into Laser Sheer.

Applicant's Name: [] Mr. [] Ms. [] Dr. _____

Today's Date: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

Date of Birth: _____

Phone Number: _____

Cell Number: _____

E-Mail: _____

Training Program Dates: _____

Release of Blame: Non- Licensed Applicants

I hold Laser Sheer Advanced Skin rejuvenation and Laser Training Centre blameless if I do not meet the minimum requirements as set forth by the institute or that I fail to complete the course at the discretion of the training institute.

I understand and agree to the tuition fee plus taxes for the training Course, This is a non refundable tuition fee.

Signature: _____ Date: _____

Laser Sheer Advanced Skin Rejuvenation and Laser Training Centre
#2431 8882- 170th Street, Edmonton, Alberta T5T 4M2
Ph. (780)489-1950 Fax: (780) 930-1947 training@lasersheer.ca



How did you hear about our training Centre?

Current Employment: _____

Education, Training and Experience:

High School: _____

Did you graduate? [Y] or [N]

College or University:

Did you graduate? [Y] or [N]

Degree or Diploma Earned: _____

Have you ever worked with Laser or Pulsed Light technologies prior to this? [Y] or [N]

If yes, please answer the following questions. If not please skip this section.

Where: _____

Who trained you: _____

What are you currently certified in: _____
