



**Class Registration/Deposit Form**

To provide SO.CAP.USA Hair Extension service in your salon, SO.CAP.USA must certify you. Our Comprehensive Certification training is a one-day, hands-on workshop and is available ONLY to licensed cosmetologist.

**Please print clearly**

Student: \_\_\_\_\_ circle one: owner stylist student

Salon Name: \_\_\_\_\_

Salon Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Yes, sign me up for the SO.CAP.USA workshop. I understand that the cost of the workshop is \$\_\_\_\_\_ and I have enclosed my NON-REFUNDABLE deposit of \$\_\_\_\_\_ and request that you confirm my placement in the workshop selected below. I understand that the total remaining balance is \$\_\_\_\_\_ and is due no later than 10 business days before my scheduled workshop date. I understand that there are no returns and/or refunds of any SO.CAP.USA workshops. Please make business check payable to SO.CAP.USA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I prefer to use my credit card to secure my placement in the workshop. I hereby authorize SO.CAP.USA to charge my non-refundable Deposit of \$\_\_\_\_\_ on my credit card now and to charge the remaining balance of \$\_\_\_\_\_ ten (10) business days before my scheduled workshop date:

Credit Card: MasterCard Visa American Express Discover

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City State Zip Code

X \_\_\_\_\_  
**Authorization Signature**

Class Packages:

Education Only \$ \_\_\_\_\_

H.E. Firex Certification \$ \_\_\_\_\_

H.E. Extensive Certification \$ \_\_\_\_\_

Required Non-Refundable Deposit 30% per student  
Balance must be paid prior to class date

Class Location: \_\_\_\_\_

Date of Class: \_\_\_\_\_

Sold By: \_\_\_\_\_