

ENROLMENT FORM

3 DAY STYLING COURSE

Kindly complete and email it back to us asap.

Name: _____ Surname: _____ Age: _____

Company: _____ Job Title: _____

Physical Address: _____ Postal Address: _____

City: _____ Province: _____

Gender: _____ Telephone: _____

Mobile: _____

Email Address: _____

How did you hear about us? _____

BANKING DETAILS

Bank: FNB
 Account Name: SA Image Academy
 Account Number: 626 692 09308
 Branch code: 250 655
 Account Type: Cheque
 Reference: Your Full Name and Surname
 Kindly submit this form with your proof of your deposit payment via email to academy@saimage.co.za

PAYMENT

R 7 500
 Full payment is required to secure your seat.
 * Please not that this amount is non-refundable, but transferable.

COURSES

Please mark your Course of choice with an (X) in the designated column.

Mark (x)	3 Day Styling Courses:	Total Cost
	Johannesburg: 29 Sept - 1 Oct '17	R 7 500
	Cape Town: 27 - 29 Oct '17	R 7 500

COURSES OUTLINE

Days	Description
Day 1	Body basics
Day 2	Create my colour
Day 3	Style away

AGREEMENT:

1. The Image Consultant is not permitted to train any person to be an Image Consultant with The South African Image Academy's products or resources.
2. At no time may an Image Consultant publish any product manufactured by The South African Image Academy with their own name or business name on it as if it were their own, unless special permission is granted for a certain reason.
3. I am aware that the deposit is non-refundable, but transferable.

I, _____, ID Number: _____, acknowledge, understand and accept all the above stated terms.

Signature: _____ Signed at _____ On _____

On behalf of The South African Image Company

Signature: _____ Signed at _____ On _____