

*Catch the CosMedic Wave.*

CosMedic Laser Institute Burnaby B.C. CANADA  
Phone 604.435.1903 Fax 604.293.1909 T-Free 1.866.945.8482  
Email [enroll@cosmedicli.com](mailto:enroll@cosmedicli.com) [www.cosmedicli.com](http://www.cosmedicli.com)

## Student Information

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

Magazine Ad - please specify: \_\_\_\_\_  Internet  Referral  Other: \_\_\_\_\_

## CLI Courses 2009

INDIVIDUAL COURSES: (Please check applicable course)	COST	DURATION	HOURS
<input type="checkbox"/> Laser Hair Removal	\$3,000	5 days	35
<input type="checkbox"/> Advanced Skin Renewal 1 Includes Microdermabrasion and Skin Rejuvenation with Cosmeceuticals	\$1,200	2 days	14
<input type="checkbox"/> Advanced Skin Renewal 2 (Pre-requisite CosMedic Esthetician - LEVEL I) Includes Skin Rejuvenation with Laser & IPL, Microdermabrasion and Cosmeceuticals	\$1,800	3 days	21
<input type="checkbox"/> Vascular Therapy	\$1,200	2 days	14

COMBINATION COURSES FOR SPECIFIC DESIGNATIONS: (Please check applicable course)

### For Licensed Estheticians, Cosmetologists and Spa Professionals

<input type="checkbox"/> CosMedic Esthetician - LEVEL I Laser Hair Removal & Advanced Skin Renewal 1	\$4,200	7 days	49
<input type="checkbox"/> CosMedic Esthetician - LEVEL II Includes all of CME LEVEL I, plus Advanced Skin Renewal 2	\$6,000	10 days	70

### For Health Care Professionals Only

<input type="checkbox"/> CosMedic Laser Specialist - LEVEL I Laser Hair Removal & Vascular Therapy	\$4,200	7 days	49
<input type="checkbox"/> CosMedic Laser Specialist - LEVEL II Includes all of CLS LEVEL I, plus Skin Rejuvenation with Laser & IPL	\$6,000	10 days	70

CHOSEN COURSE START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

CosMedic Laser Institute Burnaby B.C. CANADA  
Phone 604.435.1903 Fax 604.293.1909 T-Free 1.866.945.8482  
Email [enroll@cosmedicli.com](mailto:enroll@cosmedicli.com) [www.cosmedicli.com](http://www.cosmedicli.com)

**TERMS AND POLICIES:**

**PAYMENT TERMS:**

- A) GST will be added to the cost of each course for Canadian students.
- B) Upon Course Enrollment a non-refundable deposit of \$250 is required.
- C) Balance is due on or before the first day of the course.
- D) Prices are in Canadian dollars.
- E) Prices and Course Hours subject to change without notice.

**REFUND POLICY:**

- (A) If written notice of withdrawal is received by CLI CosMedic Laser Institute less than seven (7) calendar days after the contract is made, and before the start of the program, CLI CosMedic Laser Institute will retain the \$250 deposit.
- (B) If written notice of withdrawal is received by CLI CosMedic Laser Institute from a student prior to 10% of the program duration, CLI CosMedic Laser Institute will retain 50% of the fees due under the contract.
- (C) If a student withdraws or is dismissed after 10% of the program duration, no refund will be given.

**ADMISSION REQUIREMENTS:**

- (A) CLI CosMedic Laser Institute courses are offered to Non-Physicians, Licensed Estheticians, Cosmetologists and Health Care Professionals.
- (B) Please attach school transcripts, certificates, diplomas or licenses verifying your completed level of education.

**PLEASE COMPLETE THE FOLLOWING:**

**A) RELEASE OF BLAME (FOR NON-LICENSED OR NON-QUALIFIED APPLICANTS ONLY):**

Non-licensed or non-qualified applicants must release (CLI CosMedic Laser Institute) blameless should I (write your name on next line) \_\_\_\_\_ fail to satisfactorily complete the course.

**B) STUDENT RESPONSIBILITY (FOR ALL APPLICANTS):**

I plan to operate a \_\_\_\_\_ (e.g. Laser Hair Removal Clinic) business in the Municipality of \_\_\_\_\_ in the Province or State of \_\_\_\_\_ in the Country of \_\_\_\_\_.

I have checked with my local licensing laws and have found; I am allowed to perform CosMedic Laser Services.

Please outline below the conditions and clearly identify if any restrictions are applicable to you - e.g. I do not need any specific license or, I am allowed to operate with my license, but a Doctor must be within a 30 minute driving area in case of emergency.

**C) TERMS OF CONTRACT:**

I agree with and accept the terms of the above agreement and contract.

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_