



Cosmetic Manufacturer



# 12 HOUR INITIAL COURSE REGISTRATION FORM

for  
State of Florida, Department of Business and  
Professional Regulation, Board of Cosmetology,  
**BODY WRAPPING REGISTRATION**  
**WWW.BodyWrappingFlorida.com**

Body Wrapping Registration Course

Course Dates: \_\_\_\_\_ From 9:00 am to 5:00 pm both days.

Course Location: Wingate Inn - Southpoint, 4681 Lenoir Avenue South, Jacksonville, Florida. 32216

Location Phone Number: 904 281 2600

Contact, Sherry Hill: (Cell) 904 612 8491

The total rate for State Registration and Course Instruction is \$300.00. Phone (800 272 9727) with any questions.  
You must return the registration form with payment prior to attending class to reserve your seat.

Your Name \_\_\_\_\_  
Your Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your Phone Number \_\_\_\_\_ Cell \_\_\_\_\_  
Your E-Mail Address \_\_\_\_\_

Authorization: The undersigned hereby registers for the above Body Wrapping Course as indicated. As well as authorizes the charge of \$270.00 to the credit card listed below if applicable. The undersigned understands and accepts that there are no cancellations or refunds given.

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

The State prefers your check to accompany your application for registration. On the first day of class you will need to bring a check for \$30.00 made to "The State of Florida Department of Business and Professional Regulation". We will assist you in filling out your registration paperwork in class.

Payment Method for \$270.00 for Course Instruction (check one). We also accept Credit Card Payment over the phone.

Visa    MasterCharge    American Express    Discover    Check    Money Order

Card Number \_\_\_\_\_ Expires \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Card Reads \_\_\_\_\_

**Additional Information:**

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

(Where you will be performing the Body Wrap)

Company Mailing Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Company WebSite \_\_\_\_\_ Company E-Mail Address \_\_\_\_\_

**(Be sure to retain a copy for your records) PLEASE RETURN THIS FORM TO:**

**IPAC Distributors, Inc. 5843 Commerce Street, Jacksonville, Florida 32211**

**Toll Free: 800 272 (wrap) 9727   Outside USA: 904 744 0330   Fax: 904 744 0333   E-Mail IPAC Distributors@aol.com**