

## C.E. Registration Form

Class : _____
Name(First, Last name): _____
Date registration: _____
Check/Cash: _____
Address : _____
City , Zip Code: _____
Phone: (_____) _____
Social security number: _____ - _____ - _____
License #: _____ Nail / Esthetic / Cosmetology
Signature: _____ Date _____

Send it back: **JK Skincare & Spa**  
**Jacklyn Kieu**  
**2722 south 148th AVE Circle**  
**Omaha, NE 68144**