



**REGISTRATION  
FOR THE  
WORLD  
TRICHOLOGY  
SOCIETY  
EDUCATIONAL  
COURSE FOR FULL  
TRICHOLOGY  
CERTIFICATION**

**PLEASE FAX TO: 1-718-698-4775**

**OR**

**EMAIL TO: [WORLDTRICHOLOGY@EARTHLINK.NET](mailto:WORLDTRICHOLOGY@EARTHLINK.NET)**

## TERMS & CONDITIONS

Students may enroll for the course at any time of the year

\***NO** refunds can be issued for the online course.

\***NO** refunds can be issued for non-completion of course.

I have read and understood the **Terms and Conditions** of the  
WORLD TRICHOLOGY SOCIETY educational course.

Signed: \_\_\_\_\_.

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

## APPLICATION FORM

DATE: \_\_\_\_\_.

NAME: \_\_\_\_\_.

ADDRESS: \_\_\_\_\_.

\_\_\_\_\_.

STATE//ZIP OR POST CODE:

\_\_\_\_\_.

OFFICE TELEPHONE: \_\_\_\_\_.

HOME TELEPHONE: \_\_\_\_\_.

CELL: \_\_\_\_\_.

FAX: \_\_\_\_\_.

EMAIL: \_\_\_\_\_.

PLEASE PRINT FOR YOUR RECORDS