

DINAIR AIRBRUSH MAKEUP SYSTEMS, INC

Student Application Form

Workshop Date:

Today's Date:

Where:

Assisted by:

Confirmed spelling with customer Y N

FIRST NAME: _____ LAST: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE (HOME): _____ PHONE (WORK): _____

PHONE (FAX): _____ EMAIL: _____

PHONE (CELL): _____ PAGER: _____

CREDIT CARD#: _____ EXPIRES: _____

HOLDER'S NAME: _____

SIGNATURE: _____

ENROLLMENT QUALIFICATIONS:

Notes: _____

What kind of makeup artist? _____ Foundation -Which brand do you use? _____

Do you work for a makeup Company? _____ Blush _____ Eye shadow _____

Have you ever done retail makeup? _____

Which Company? _____

Did you see our web site? _____

Would you sign a non-disclosure? _____

Have you sprayed makeup before? _____

Airbrushed? _____

Thank you Distribution Dinair (877)561-9274

Please fax it to (819)561-6011

By Mail to: Distribution Dinair, 19 Mercure, Gatineau, Quebec, J8T 7W8