

Cosmetology Professional Development
End of Course Testing Review
Registration Form

July 11, 2012
ACE – Rehabilitation Services Division
525 West Capitol
Little Rock, AR 72201

Registration Fee \$35
Deadline for Registration June 8, 2012. No Refunds after this date.
Maximum number of participants is 30

Name: _____

School: _____

Home Address: _____
City State Zip

Home Telephone: _____ E-Mail Address _____

School Telephone: _____ School Fax: _____

Deadline for Registration June 8, 2012 (Postmarked)

There will be no refunds after this date.

To complete the registration, you must mail this form along with a check or purchase order for \$35 to the Arch Ford Educational Cooperative. Registration does not cover evening meals, travel, or lodging. If you have any questions please call 501-682-1115

Method of Payment: Enclosed School Check # _____ Enclosed Personal Check # _____
 Purchase Order # _____ Name of Organization _____

Make Checks or Purchase Orders **PAYABLE TO:** **Arch Ford Educational Cooperative**
MAILED TO: Arch Ford Educational Cooperative
Attn: Mary Boyer
101 Bulldog Drive
Plumerville, AR 72127

Registration forms with PO# may be **FAXED TO:** 501-354-6496