

**Registration Form for 2016
Saturday, September 24th and Sunday, September 25th, 2016**

South Carolina Association of Cosmetology Schools, Inc

**Instructor Seminar
Continuing Education**

Name _____

Address _____

City _____ State _____ Zip _____

Day Time Phone _____ Evening _____

Last 4 Digits SSN: _____ Email Address _____

I am a licensed Instructor of: _____ Cosmetology
_____ Nail Technology
_____ Esthetics

Professional License Number _____

_____ I plan to attend Saturday and Sunday
Saturday, 8:30 - 4:00 and Sunday 8:30 - 2:45 (Lunch included)

_____ I prefer to get my 12 hours all in 1 day!
Sunday, 8:30 am - 9:15 pm (Lunch and Supper included)

Costs: Before September 10: \$155.00
After September 10: \$180.00

I am sending _____ for the days marked above.

Registration begins at 8:00 each morning.
You will need to sign in at the seminar with a photo ID and your professional license number. You can print additional wallet cards from the LLR website.

Please send check or money order made payable to: SCACS
Mail to: 201 Corley Woods Drive, Lexington, SC 29072

Questions? Call Gloria Smith at 803-957-0982. If there is no answer, please leave your name and a number where you can be reached in the evening. I will return your call after work.