



## 2017 Disciplinary Class Registration Form

Dates	Classes	Class Location	Class Times
February 7, 2017 March 7, 2017 April 4, 2017 May 9, 2017 June 6, 2017 July 11, 2017 August 8, 2017 September 5, 2017 October 3, 2017 November 7, 2017 December 5, 2017  <b>Note:</b> More dates may be added when need arises!!!	<b>Class #1:</b> “Safety, Sanitation, and Disinfection in the Workplace / Infection Control”  <b>Class #2:</b> “Statutes / Regulations for the Cosmetologist, Esthetician, or Nail Technician”	<b>ACE Academy</b> 1630 Browning Road Columbia, SC 29210 Phone: (803) 798-8515	6:00pm to 9:15pm  Includes 15 minute break.

**Class Information:**

We require a minimum of 3 individuals for each class, to be registered, by the Monday prior to the class in order to offer the class. If there are less than 3 individuals registered, then we will contact you via email regarding rolling over your registration to the next scheduled date. We will provide a 48 hour notice for cancellation of the class due to lack of registrants. If you cannot attend the next available date, then you may request a refund (See below). You must be on time to receive credit for the class. You must show a government issued picture ID as well as your Professional License at sign-in. Registration begins at 5:50PM and classes begin promptly at 6:00PM.

**Transfers and Refunds:**

No transfer requests will be honored unless requested more than 3 days prior to the class. Refund requests must be made in writing (by letter or email) and received in our office 3 calendar days prior to the class in order to be honored. Please note that it may take from 7 to 10 business days to process and send any refund.

**To register, please provide the following:**

- Completed registration form
- Provide Money Order made out to KENNETH SHULER SCHOOLS in the amount of \$175.00
- Provide Copy of letter from LLR stating what class you must take

**Mail to: ACE Academy, 1630 BROWNING ROAD COLUMBIA, SC 29210**

Your registration must be received the Monday before the date of the class in order to be registered. Our office is open for registration from 9:00am to 5:00pm Monday thru Friday if you would like to register in person.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Professional License #(REQUIRED): \_\_\_\_\_

Address: \_\_\_\_\_  
City
State
Zip

Phone: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

Class date you desire: \_\_\_\_\_