

**REGISTRATION FOR  
THE HAIR REPLACEMENT COACH  
COURSE FOR NON-SURGICAL HAIR REPLACEMENT  
AND MEDICAL HAIR LOSS**

**TERMS and CONDITIONS**

Students may enroll for the course at any time during the year.

Entry to this course is restricted to individuals licensed as beauty professionals: Cosmetologist, Barbers, etc. (proof or current operating licenses are required to be emailed to:

**info@StephanieLAnderson.com** before starting the course) **NO EXCEPTIONS.**

- **NO** refunds can be issued for the online course.
- **NO** refunds can be issued for failing to attend technical training, for completion of technical training, for training deposit or for noncompletion of course.

I have read and understood the **TERMS and CONDITIONS** of The Hair Replacement Coach educational course.



**The Hair Replacement Coach**

NAME: \_\_\_\_\_ (PLEASE PRINT)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ 20\_\_\_\_

# APPLICATION FORM

## THE HAIR REPLACEMENT COACH ONLINE COURSE FOR NON-SURGICAL HAIR REPLACEMENT AND MEDICAL HAIR LOSS

(Please Print)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_

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

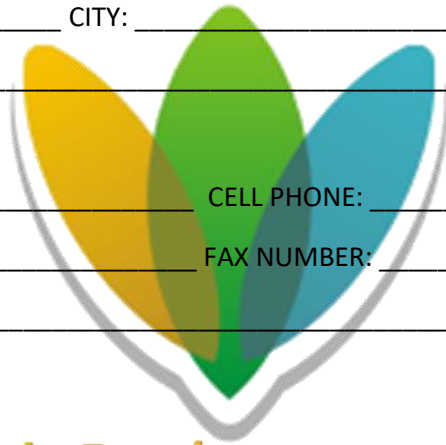
APT/STE: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OFC PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



## The Hair Replacement Coach

Please print Application Form for your records  
[www.TheHairReplacementCoach.com](http://www.TheHairReplacementCoach.com)  
[info@StephanieLAnderson.com](mailto:info@StephanieLAnderson.com)  
T: 210.858.8554 F: 210.858.6738

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### OFFICE USE ONLY

Paid Tuition: \$ \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_

Cos \_\_\_\_\_ Barber \_\_\_\_\_ Trich \_\_\_\_\_ Other \_\_\_\_\_

License # \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Kit Fee: \$ \_\_\_\_\_ Technical (Y/N) \_\_\_\_\_ Completed \_\_\_\_\_