

ENROLLMENT AGREEMENT

Advanced Medical Aesthetics Center (AMAC)
3701 South Clarkson St., Suite 200, Denver, CO 80206
PHONE (303) 842-2203 FAX (303) 761-8959

**Approved and Regulated by the Colorado Department of Higher Education,
Private Occupational School Board**

GENERAL INFORMATION

DATE _____

Student's Name _____

Address _____ City _____ State _____ Zip _____

Business _____

Home Phone: _____ Bus: _____ Cell: _____

PROGRAM / COURSE DATE

Program/Course _____

Start Date _____ Estimated Completion _____ HRS _____

TUITION & FEES

Tuition \$ _____

Fees \$ _____

Books/Supplies/Equipment \$ _____
(Non-refundable and cost subject to change)

Total Cost of Program \$ _____

SCHEDULE OF PAYMENTS

Deposit \$ _____ Date _____

BALANCE DUE \$ _____

Date _____ \$ _____

Date _____ \$ _____

Date _____ \$ _____

Paid by Check # _____ Credit Card _____ CASH _____

The cost of credit is included in the price quoted for the goods and services.

