

First Name		Date of Birth
Last Name		Age
Address		
City	State	Zip Code
Home Phone	Cell #	Fax#
Participants Email Address		
Course Selection		
Course Title?		Date
Time Slot	Location	
What is your current status?	How did you find out about Dukanee?	What kind of courses would you like?
O Beauty School	O Dukanee's Website	O Barber
O Beauty Salon (Domestic) O Beauty Salon (International)	O Web Search O Store Owner	O Hair O Nail
O Barber Shop (Domestic)	O Social Media	O Spa/Esthetics
O Barber Shop (International)	O Advertising	O Other
O Independent	O Linkedin	
O Company	O Other	
<b>Waiver for Participat</b> i	on	
DUKANEE BEAUTY and its represent	entry, I hereby, for myself waiver and release any and a atives, successors and assigns any and all injuries suffe t to photograph and videotape all its activities, events, c	ered by myself at any activity sponsored by these groups.
Participant Name (Please print)		
, , , , , , , , , , , , , , , , , , , ,		
Signature (Participant)		

Coral Way Store Front 6520 SW 24th St, Miami, FL 33155 T. (305) 666-7830 8th St Store Front 7101 SW 8th St, Miami, FL 33144 T. (786) 409-2876 **Warehouse** 1780 NW 93rd Ave, Doral, FL 33172 T. (305) 200-5253 Website
www.dukaneebeautysupply.com
Any Questions Contact
contactus@dukaneebeautysupply.com
T. (786) 409-5573