Medical and Cosmetic Laser Safety Management (UK)

**Home Study Course Registration Form**

Please complete right hand column and return the form either

via email (info@lasersafe.co.uk), or post

(Lasersafe, 101 Higgins Lane, Birmingham B32 1LH)

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| --- | --- |
| Name (as you would like it to appear on the certificate) |  |
| Role (Job title) |  |
| Business Name / Workplace (if applicable) |  |
| Contact address |  |
| Contact telephone |  |
| Contact email |  |
| Type(s) of laser/IPL equipment you have (or plan on getting) |  |
| Local regulator(e.g. HIW, local council, etc.) |  |
| Your payment method. Have you already paid online or would you like BACS/cheque details? |  |
| Any further details (anything in particular you are looking to get out of the course) |  |