

# ***Affordable Enhancements LLC***

## **Registration**

**Last Name:**\_\_\_\_\_ **First:**\_\_\_\_\_

**Address:**\_\_\_\_\_

\_\_\_\_\_ **Zip Code**\_\_\_\_\_

**Home phone:**\_\_\_\_\_ **Work:**\_\_\_\_\_ **Cell:**\_\_\_\_\_

**Email Address:**\_\_\_\_\_

**Emergency contact person:**\_\_\_\_\_ **Phone:**\_\_\_\_\_

**How did you hear of Affordable Enhancements:** \_\_\_\_\_

Veanessa\_\_\_\_ Internet\_\_\_\_ Website\_\_\_\_ Coupons\_\_\_\_ Neighborhood Magazine\_\_\_\_  
Dr Brown\_\_\_\_ Friend\_\_\_\_ Advertisement\_\_\_\_ Other\_\_\_\_\_

Referral Guide: Each time you refer a new customer to Affordable Enhancements and they purchase a cosmetic service you will receive a 10% discount off any of our cosmetic procedures.

Payment is due at the time of service. Service charges are nonrefundable.

Products are non-refundable after one month from date of purchase and can only be refunded with services of Affordable Enhancements.

Please give us a 24 hour notice on cancellations.

Please let us know how to contact you for reminder calls, specials and updates from Affordable Enhancements LLC. We are becoming part of the Social Media.

texts	_____
email	_____
cell phone	_____
Facebook	_____
other	_____

I authorize Affordable Enhancements/Dr. Patricia Brown to have access to information concerning any medical findings and treatment, from the initial visit until the date of the conclusion of such treatment.

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_