



Specializing in:
 Bellanina Facelift Massage Seminars
 Bellanina Teacher Training Seminars
 Mind, Body, Spirit Seminars
 Wholesale Skin & Body Products
 Nutritional Supplements
 Spa Training Certification
 Spa Consultation

Nina Howard, owner

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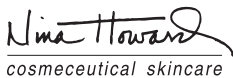
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belavi@bellanina.com



NEW PRACTITIONER FORM

[Must be submitted with exam materials]

* Required

* First name _____ * Last name _____

Business name _____

* Business address _____

* City _____ State _____ Zip _____

Home address _____

City _____ State _____ Zip _____

* Business phone _____ Home/other phone _____

Email address _____

(required for online wholesale account)

Website _____

Birthday _____

Year received Bellanina Facelift Massage Certification _____

Homestudy Seminar Your teacher: _____

Are you actively doing Bellanina Facelift Massage? _____ How many per week? _____

Are you: Esthetician
 Massage Therapist
 Bodyworker
 Nurse
 Other, explain _____

Certification initials (ie, LMT, LE, RN, etc.)
 List all:

How did you hear about us? Massage Magazine Massage Today AMTA
 Massage & Bodywork Magazine Word of mouth
 Other (please explain) _____

Please list me on your website as a Bellanina Facelift Practitioner. I understand that you will list only my name, business name, business address, business phone, email and website as I have written above.

Please set up a wholesale account for me. I understand that for tax purposes, you require one of the following numbers on file:

my Social Security # _____

my Tax Exempt # _____

I understand that it is my responsibility to pay for any use tax on my professional products used in my practice according to my states laws and collect sales tax for any products sold at retail.

Signature _____

Please keep my credit card on file for quick and easy ordering. I understand that you will only charge with my permission.

Cardholder's name _____

Credit card billing address _____

Card type _____ Card # _____ Exp. date _____

I hereby authorize Bellanina Institute to charge purchases on the above mentioned credit card.

Signature _____

Please set up an online wholesale account for shopping at www.bellaninainstitute.com.

I understand that you require my email address and that you will email me with my login and password once my account is set up.

Email address _____

Please send me info about becoming a Bellanina Facelift Massage Seminar Teacher.

Please send me info about upcoming Spa Services Training and other classes at the Institute.