

## CLIENT ENQUIRY FORM

Please forward information on the following training programs:

<input type="checkbox"/>	WRB20104 Certificate II in Nail Technology
<input type="checkbox"/>	WRB50104 Diploma of Beauty Therapy

To:

Name:		
Postal Address:		
Phone Contact:		
Fax:		
Email:		
How did you find out about this program?		
Signature:		Date:
Date sent:		Method:
Follow up date:		
Follow up result:		