



**NEW YORK - RECERTIFICATION
SEPTEMBER 8, 2007
REGISTRATION FORM**

First Name _____ **Middle** _____ **Last** _____
(please indicate last name if different during training) _____

Address _____

City _____ **State** _____ **Zipcode** _____ **Country** _____

Phone _____ **Mobile** _____

Email _____

Graduation date _____ / _____
(month) (year)

Date & Location of last completed recertification _____ / _____
(mo/yr) (location)

List of BYCOI studios currently employed with:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Signature below indicates all information provided above is correct.

(signature) (date)

DO NOT WRITE BELOW (OFFICE ONLY)

Copy of Certificate: _____
(yes) (no)

Payment Method: Check / Cash / Credit Card

Picture No. _____

Staff initials _____