**烫蜡讲习班**

**Waxing Lesson**

F0910

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 日期 Date： |  | | | | |
| 参加者姓名 Name of Attendee：(Mr/Ms) | | | | (中文：     先生/小姐) | |
| 电话 Tel.： | |  | 传真 Fax： | |  |
| 电邮 E-mail： | | | | |  |

**本人欲参加 烫蜡讲习班 于星期****举办的课程**

**I wish to attend waxing lesson to be held on**

|  |  |  |
| --- | --- | --- |
| 日期： |  | 下午6時 |
| Date： |  | 6:00pm |

上课地点 ： 香港上环德辅道中275号龙记大厦7楼

Attendance address ： 7/F., Loon Kee Building, 275 Des Voeux Road Central,

Sheung Wan, Hong Kong

费 用　Fee ： 每位港币 $700.- HK$700.-per person

备　　注　Remarks：

填妥此表格后，请传真或电邮给雪协

Please fill-in this form and send it back to HKSF via email or by fax.