**烫蜡讲习班**

**Waxing Lesson**

F0910

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| --- | --- |
| 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.