

Authorization for ASTECC Website Referral Access

Please complete the following form authorizing ASTECC to use your information on our website for the purpose of client referral access.

First Name: _____ Last Name: _____

Qualifications (abbreviate please): _____

ASTECC Trainings: _____

Tel: _____ Fax: _____

Company Name: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Email: _____

Website: _____

Facebook page: _____

Instagram page: _____

We will **not** post your street address.

Yes, I would like the above information posted on the ASTECC website for patient referral access.

Signature

Date

Please email the completed form to info@astecc.com if you would like to be listed as an ASTECC Esthetic or Body Practitioner. Please specify courses completed.

Periodically check the information listed on the web site to ensure accuracy. The information you have provided to us voluntarily will be stored safely and in compliance with Privacy Policy regulations.

<https://astecc.com/esthetician-directory> & <https://astecc.com/therapist-directory>