Model registration

Advanced Facial Assessment & Injectables masterclass with Dr. Tom van Eijk, Aruba, 16-17 January 2027. Please complete and return this form so we can prepare your record before the training day. Your medical intake and consent are taken separately, in person, before any treatment.

SESSION

TREATING PHYSICIAN * *the doctor you are attending with*

TREATMENT DAY * *16 or 17 Jan 2027*

PERSONAL DETAILS

FIRST NAME *

LAST NAME *

DATE OF BIRTH * *dd/mm/yyyy*

GENDER *

NATIONALITY

CONTACT

EMAIL *

MOBILE / WHATSAPP * *include country code*

ADDRESS

STREET AND HOUSE NUMBER *

POSTAL CODE

CITY *

COUNTRY *

ANYTHING WE SHOULD KNOW

PREFERRED LANGUAGE, ACCESSIBILITY, OR PRACTICAL NOTES

SIGNATURE

SIGNATURE *

DATE * *dd/mm/yyyy*

Your details are used by AME Academy Aruba to prepare your record and to contact you about the training day. They are not shared with anyone else.