



Event Registration Form for Salons

Date of Event _____ Location _____

Salon Name _____

Address _____

Phone no# _____ Email Address _____

Owner's Name _____

Salon Web Site _____

Salon Team Members

Name

Position

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Tell us about your Salon

Services your salon offers:

Salon Specialty:

Product lines:

Color _____ Distributor _____

Rep name _____ Rep phone# _____

Styling Products _____

Distributor _____

Rep name _____ Rep phone # _____

Other product lines:

Product _____ Distributor/Rep # _____

Product _____ Distributor/Rep # _____

Product _____ Distributor/Rep # _____

Product _____ Distributor/Rep # _____



Presentation

Theme _____

Music _____

Wardrobe _____

Models _____

Before and After Model – What will your team showcase?

What products your team will focus on?
