MATRIX Education Request Form

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Distributor/ Store #	DSC			DSC PHONE NUMBER				
			CALON	LINEODMATION			_	
CALON NAME			SALON	INFORMATION	NE NUMBER			
SALON NAME			SALON PHO	SALON PHONE NUMBER				
SALON ADDRESS			CITY/STATE/	CITY/STATE/ZIP				
# of Stylists				OTHER PRO	OTHER PRODUCTS TO BE PRESENTED DURING CLASS			
				FUEL ACCO	FUEL ACCOUNT 5721 - PROJECT #			
				JCATION REQUE				
	D= Demo (2 hour) M= Mod		ease code	e in box to the ri	ght of the cla	ss requested.		
The Salon Experience- SoColor Theory, Demo, or Models					Color and Cut Inspiration- Hands On or Demo			
The Salon Experience-Color Sync - Theory, Demo, or Models					Color Inspiration- Hands On or Demo			
Logics Colorcremes Experience- Theory, Demo, or Models				Cutting Inspi	Cutting Inspiration- Hands On or Demo			
Logics Imprints Experience- Theory, Demo, or Models				Matrix Menes	Matrix Menes- Hands On			
Logics Art and Inspiration- In Salon								
Colorgraphics/VLight Highlighting Experience- Theory, Demo, or Models				Matrix Color Intense-2 Day Certified Program				
Matrix Texture Experience- Theory, Demo, or Models				Logics Art 101- 2 Day Certified Program				
Opti Smooth Experience- Theory, Demo, or Model								
	1ST BOOKING PREF	ERENCE	2ND	BOOKING PREF	ERENCE	3RD BOOKING PREFERENCE		
DAY OF WEEK								
TIME OF DAY								
TIME OF BITT			ION SCHEDULE	N SCHEDULED				
NOTE: Salon Owners/Staf	f are responsible for model	l requirements	for theory	v and workshop	educational e	events. Education Sales Manager, Matrix Educator o		
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Artistic Educator is to contact salon owner and sales representative DATE REQUESTED ARTISTIC EDU				ou concuming th	011 411 010	DATE REFERRED		
DATE REGOLOTED	, attione Eb	00/11011			DATE NEI ERRED			
DATE SCHEDULED		ESM or ME APPROVAL PRINT			SIGNATURE			
TIME STARTED		TIME FINISHED				FEE		
		TIME TIMETIES						
INSTRUCTIONS FOR EDU	CATOR							
Mail Original Ed	Request and Original	Expense Re	port to I	Ranstad HR S	Solutions 20	15 South Park Place Atlanta, GA. 30339		
	Mail Copies of Education	on Request a	and Exp	ense Report t	o the appro	priate Full Time Educator		
	Call requesting	Educator an	74 DSC 4	on this form to	roport cuo	cess of the class.		
	Call requesting	Luucatoi aii	ia Doc (on this form to	report suc	cess of the class.		
EDUCATOR COMMENTS								
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