

EDUCATION REQUEST FORM

PLEASE FILL OUT ONE FORM PER EVENT - MUST BE FILLED OUT COMPLETELY



Submitted By: _____

CONTACT INFO

Distributor Name: _____

Contact Name: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

TYPE OF EVENT

CLASS REQUEST (check one box only)

<input type="checkbox"/> 122 Liquid and Powder	<input type="checkbox"/> 1 In-Store Demo 1 Day
<input type="checkbox"/> 123 Natural Nail Care	<input type="checkbox"/> 132 In-Store Demo 1/2 Day
<input type="checkbox"/> 124 Gel Enhancements	<input type="checkbox"/> 2 Sales Meeting
<input type="checkbox"/> 125 Liquid & Powder Rebalancing	<input type="checkbox"/> 3 In-Salon Workshop 1 Day
<input type="checkbox"/> 126 Gel Rebalancing	<input type="checkbox"/> 133 In-Salon Workshop 1/2 Day
<input type="checkbox"/> 127 Nail Makeovers	<input type="checkbox"/> 129 Distributor School Workshop 1/2 Day
	<input type="checkbox"/> 130 Distributor School Workshop 1 Day

REQUESTED DATES: First Choice Date _____ Time _____

Second Choice Date _____ Time _____

Confirmed Date _____ Time _____

FOR IN-SALON REQUESTS - PLEASE COMPLETE THE FOLLOWING:

Number of Nail Professionals:* _____

In-Salon Class Requested: _____

CND YTD Sales: (must include invoices)** _____

*Minimum of 6 - 8 Nail Professionals
MUST be in attendance at an In-Salon Class.
No CEU credits will be issued for In-Salon Classes.

**Minimum of \$2500 in CND professional
product in a 3 month period required

EVENT INFO

Location: _____ Event: _____

Location Contact: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Event Hours: _____ Requested EA: _____

KIT INFO

____ Natural Nail Care Education Kit (#99406)	Minimum Order of 12	<small>Your class kit order will be submitted to the service center as soon as you receive your class confirmation.</small>
____ Liquid & Powder Enhancement Kit (#1199905)	Minimum Order of 12	
____ Gel Enhancements Education Kit (#191305)	Minimum Order of 8	

ALL EDUCATION REQUESTS & CLASS KIT ORDERS MUST BE RECEIVED 8 WEEKS PRIOR TO EVENT

FOR CND USE ONLY

EA Name: _____ EA Phone: _____

EA E-Mail: _____ EA Fee: _____ GL#: _____

Flight Confirmation No.: _____ Departure Time: _____

Car Rental?: YES NO Car Rental Confirmation No: _____

Hotel Confirmation No.: _____ Name: _____ Phone: _____ Fax: _____

ALL APPLICABLE FIELDS MUST BE COMPLETELY FILLED OUT IN ORDER TO BE PROCESSED
Please E-Mail completed form to CYNTHIA BARTOS: CynthiaB@statebeauty.com