TONI&GUY/TIGI Event Request Form

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TIGI District Director:	Distributor:			Date:		
Distributor Contact:		Billing Address:				
Phone: Ext:		City:			State:	Zip:
Cell:		Fax:				
Type of Event:		Estimated Attendance:		Distributo	Distributor Fee: \$	
					Ticket Pri	ce: \$
Event Date(s):	Alternate I		Time(s):			
Event Venue:		Address:				
	City:		State:	Zip:	Phone:	
Artist(s) Requested:	1)		4)			
	2)		5)			
	3)	6)				
Ambassador Support:	1)		3)			
	2)	4)				
A TONI&GUY/TIGI Event C	Contract must be submitted	for every educ	ational event	except: TIC	GI 411, TIGI Cut	tting Demonstration I &II,
TIGI Cosmetic Trends and	Touch-Ups, Cosmetic 411, a	and In-Salon (Cosmetic Mak	eovers that	do not require	e air travel.
Programs can be schedule	d up to one (1) year in adva	ance. <i>Specific</i>	<i>artists</i> can be	confirmed	six (6) months i	n advance.
If any changes or cancellate	ions by the distributor occur	r less than six	ty (60) calend	dar days pric	or to the schedu	led event the distributor
will be responsible for any	expenses that have been in	curred by TON	NI&GUY/TIGI	plus cancell	ation fee equal	to 10% of the event fee.
Please fax to: TIG	Education Dept. At	t: Rebecc	a Covin @	972.407	. 2178.	
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Distributor Signature			Zoë Harte			
				V. P. Adva	anced Education	TIGI/Toni&Guy
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TIGI District Director						