

# Southern Spa & Salon Conference

**Registration** - November 7-9, 2015  
Hickory Metro Convention Center - Hickory, North Carolina  
www.southernspasalonconference.com

## Attendee Registration

Please read carefully and complete all information. Only one person's registration per form. **Please print legibly.**

Attendee Name: \_\_\_\_\_ Company Name: (if applicable) \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attendee Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: DAY (\_\_\_\_) \_\_\_\_\_ EVENING (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Please check occupation. Reminder: Cosmetologists, Estheticians and Massage Therapists must provide license number and photo ID on-site.**

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Spa Owner/Manager   | <input type="checkbox"/> Medical Personnel | <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Student    |
| <input type="checkbox"/> Massage Therapist   | <input type="checkbox"/> Electrologist     | <input type="checkbox"/> Makeup Artist | <input type="checkbox"/> Instructor |
| <input type="checkbox"/> Salon Owner/Manager | <input type="checkbox"/> Esthetician       | <input type="checkbox"/> Other _____   |                                     |

**Conference Attendee Admission includes:**

\* Admission into the Vendor Expo Hall on both Sunday, November 8 and Monday, November 9 and 8 hours of Continuing Education classes throughout Saturday, November 7, Sunday, November 8, and Monday, November 9.

**Registration: \$100 until October 2 / \$130 after October 2 and on-site.**

**Students: \$75 before October 2 / \$100 after October 2 and on-site.**

**Pre-registration is encouraged to ensure seminar preference. Additional CE classes are available for \$20 for each additional CE hour.**

**Registration deadline is October 30, 2015. One day passes into Vendor Expo Hall are available only to spa and salon professionals for \$50.**

**Class Sign up: YOU MAY SIGN UP FOR ONE CLASS PER TIME SLOT ONLY. SELECT CLASSES CAREFULLY PRIOR TO SUBMITTING REGISTRATION. A \$10 PROCESSING FEE WILL BE CHARGED FOR ANY CHANGES MADE.**

### Saturday, November 7

☐ SA900E   ☐ SA300F   ☐ SA300G   ☐ SA300M   ☐ SA300N   ☐ SA300O

### Sunday, November 8

Class Period 1   ☐ S900E   ☐ S900F   ☐ S900G   ☐ S900K   ☐ S900L   ☐ S900M   ☐ S900N   ☐ S900O

Class Period 2   ☐ S200E   ☐ S200F   ☐ S100G   ☐ S100H   ☐ S130K   ☐ S130L   ☐ S100M   ☐ S100N   ☐ S200O

Class Period 3   ☐ S500E   ☐ S400F-PD   ☐ S430G   ☐ S430K   ☐ S500L   ☐ S500M   ☐ S500N

### Monday, November 9

Class Period 1   ☐ M900E   ☐ M1000F   ☐ M900G   ☐ M900H   ☐ M900K   ☐ M900L   ☐ M900M   ☐ M900N   ☐ M900O

Class Period 2   ☐ M130F   ☐ M100G   ☐ M1230H   ☐ M200L   ☐ M100M   ☐ M100O

Class Period 3   ☐ M400F-PD   ☐ M400K

**Expo Hall Hours:** Sunday, 10am-6pm; Monday, 10am-4pm; (Expo Hall not open to attendees on Saturday)

**CONFIRMATIONS WILL NOT BE MAILED.**

**Reminder: Cosmetologists, Estheticians and Massage Therapists must provide license number and photo ID on-site.**

Fill in the appropriate spaces below:

\$ \_\_\_\_\_ Conference Attendee (Eight CE Hours, two day admission into Expo Hall)

\$ \_\_\_\_\_ Additional CEU Classes (\$20.00 for each additional CE hour)

\$ \_\_\_\_\_ Vendor Expo Hall pass (One day admission only) - \$50.00

\$ \_\_\_\_\_ **Total Amount Due**

### **Payment Options**

Payment must accompany registration and may be made by check, MasterCard, VISA, or Discover. Faxed registrations must be paid by MasterCard, VISA, or Discover.

**No Registration will be accepted without full and proper payment. NO EXCEPTIONS, NO REFUNDS.**

Type of Payment:   ☐ Check   ☐ Mastercard   ☐ VISA   ☐ Discover   Amount enclosed: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Credit Card Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 digit security code (on back of card) \_\_\_\_\_

Make Check Payable to:   Hickory Mart Shows

Mail with Registration to:   2220 Highway 70 SE, Suite 253, Hickory, NC 28602

Telephone: 828.322.4924 Fax: 828.322.2772

**Please make a copy for your records, returning the original to the address above.**

### **For Internal Use Only. Do Not Write In This Space**

Amount Received \$ \_\_\_\_\_ Payment Method \_\_\_\_\_ Check Number \_\_\_\_\_ ☐ MC   ☐ VISA   ☐ Discover   Code \_\_\_\_\_

Date Processed \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Transaction \$ \_\_\_\_\_ Approval Number \_\_\_\_\_

Sales Rep \_\_\_\_\_