

Southern Spa & Salon Conference

Registration - November 12-14, 2016
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 13 and Monday, November 14 and 8 hours of Continuing Education classes throughout Saturday, November 12, Sunday, November 13, and Monday, November 14.

Registration: \$100 until September 30 / \$130 after September 30 and on-site.

Students: \$75 before September 30 / \$100 after September 30 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, 2016. 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 12

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> SA900-G | <input type="checkbox"/> SA900-H | <input type="checkbox"/> SA900-N | | |
| <input type="checkbox"/> SA200-G | <input type="checkbox"/> SA300-K | <input type="checkbox"/> SA300-L | <input type="checkbox"/> SA300-M | <input type="checkbox"/> SA200-N |

Sunday, November 13

- | | | | | | | | | | |
|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Class Period 1 | <input type="checkbox"/> S900-E | <input type="checkbox"/> S900-F | <input type="checkbox"/> S900-G | <input type="checkbox"/> S900-H | <input type="checkbox"/> S900-K | <input type="checkbox"/> S900-L | <input type="checkbox"/> S900-M | <input type="checkbox"/> S900-N | <input type="checkbox"/> S900-O |
| Class Period 2 | <input type="checkbox"/> S100-E | <input type="checkbox"/> S130-F | <input type="checkbox"/> S130-G | <input type="checkbox"/> S100-H | <input type="checkbox"/> S100-K | <input type="checkbox"/> S100-L | <input type="checkbox"/> S130-M | <input type="checkbox"/> S230-N | <input type="checkbox"/> S130-O |
| Class Period 3 | <input type="checkbox"/> S500-E | <input type="checkbox"/> S530-G | <input type="checkbox"/> S430-H | <input type="checkbox"/> S530-K | <input type="checkbox"/> S400-L | <input type="checkbox"/> S500-M | <input type="checkbox"/> S530-O | | |

Monday, November 14

- | | | | | | | | | |
|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Class Period 1 | <input type="checkbox"/> M900-E | <input type="checkbox"/> M900-F | <input type="checkbox"/> M900-G | <input type="checkbox"/> M900-H | <input type="checkbox"/> M900-K | <input type="checkbox"/> M900-L | <input type="checkbox"/> M900-M | <input type="checkbox"/> M900-N |
| Class Period 2 | <input type="checkbox"/> M130-E | <input type="checkbox"/> M100-F | <input type="checkbox"/> M130-G | <input type="checkbox"/> M100-H | <input type="checkbox"/> M130-K | <input type="checkbox"/> M100-L | <input type="checkbox"/> M100-M | <input type="checkbox"/> M100-N |

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 _____