

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 12 and Monday, November 13 and 8 hours of Continuing Education classes throughout Saturday, November 11, Sunday, November 12, and Monday, November 13.

Registration: \$100 until September 29 / \$130 after September 29 and on-site.

Students: \$75 before September 29 / \$100 after September 29 and on-site.

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

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 11

- | | | | | | | | | |
|----------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|--|----------------------------------|
| Pre-Conference Class | | | | | | | | <input type="checkbox"/> SA900-N |
| Pre-Conference Class | <input type="checkbox"/> SA300-G | <input type="checkbox"/> SA300-H | <input type="checkbox"/> SA300-K | <input type="checkbox"/> SA300-L | <input type="checkbox"/> SA300-M | | | <input type="checkbox"/> SA630-O |

Sunday, November 12

- | | | | | | | | | | |
|----------------|----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Class Period 1 | <input type="checkbox"/> S1000-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"/> S200-E | <input type="checkbox"/> S100-F | <input type="checkbox"/> S200-G | | <input type="checkbox"/> S100-K | <input type="checkbox"/> S130-L | <input type="checkbox"/> S130-M | <input type="checkbox"/> S200-N | |
| Class Period 3 | <input type="checkbox"/> S500-E | <input type="checkbox"/> S500-F | | <input type="checkbox"/> S500-H | <input type="checkbox"/> S500-K | <input type="checkbox"/> S500-L | <input type="checkbox"/> S500-M | | |

Monday, November 13

- | | | | | | | | | | |
|----------------|----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| 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-N | <input type="checkbox"/> M900-O |
| Class Period 2 | <input type="checkbox"/> M1230-E | <input type="checkbox"/> M100-F | <input type="checkbox"/> M130-G | <input type="checkbox"/> M100-H | <input type="checkbox"/> M100-K | <input type="checkbox"/> M130-L | <input type="checkbox"/> M130-M | <input type="checkbox"/> M200-N | |
| Class Period 3 | | | <input type="checkbox"/> M415-G | | | | | | |

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, Discover, or American Express. Faxed registrations must be paid by MasterCard, VISA, Discover, or American Express. **No Registration will be accepted without full and proper payment. NO EXCEPTIONS, NO REFUNDS.**

Type of Payment: Check Mastercard VISA Discover American Express 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

If credit card billing address is different from above address:

Address: _____

City: _____

State: _____ Zip: _____

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 AMEX Code _____

Date Processed ____/____/____ Amount of Transaction \$ _____ Approval Number _____

Sales Rep _____