

EDUCATION REQUEST email to activity@ronwilson.com or fax to 775-267-0474

Contact Name _____ DSC Name/Territory # _____

Salon Name _____ City _____

Address _____ State _____ Zip _____

Salon Phone(_____) _____ Other Ph.(_____) _____ Fax(_____) _____

Email Address _____

Best way to contact: _____

Product Line: _____ **Qualified** NAP Purchase \$ _____

Quarterly Purchases (must exceed \$900) Hosting a "Look and Learn"

Specific Needs or Focus _____ Other _____

New user intro High Lift Corrective Grey Coverage REDS Other _____

How many stylists will attend this class _____ Can other stylists attend? NO YES. If YES How many _____

Will the demo be on a Mannequin Head MODEL. If on a model who will provide the model Salon or DSC

Model must meet specific requirements to be appropriate for the demonstration. Please work with the educator on model details.
Models must be 18 years old and model release forms must be completed to use models in classes.

Best date for class: (Educators are available on Mondays and classes may begin anytime between 10:00am and 2:00pm) We will assume a 10:00 am start time unless otherwise requested. We will contact you to confirm a date. Please allow a minimum of 4 weeks for a qualified private class and 6 weeks for all other classes.

1st. Choice _____ 2nd. Choice _____

or any Monday between _____ and _____

Educator Requested _____ Language Needs Spanish _____

Cancellations with less than 5 business days notice will forfeit your class opportunity.

Contact Print Name: _____ Signature _____

OFFICE USE ONLY:

Notes: _____

Class Scheduled for (date) _____ (time) _____ (educator) _____

Confirmation sent (via: FAX EMAIL on _____) Returned (via: FAX EMAIL on _____)

Educator Contract (via: FAX EMAIL on _____) Returned (via: FAX EMAIL on _____)

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