



The Choice for Serious Spa Professionals & Owners

*FIRST NAME _____

*LAST NAME _____

*JOB TITLE _____

*COMPANY _____

*ADDRESS _____

*CITY _____

*STATE / PROVINCE _____

*POSTAL CODE _____

*COUNTRY _____

TELEPHONE _____

*E-MAIL _____

*REQUIRED

***What is your primary line of business? (Please select ONE)**

- (24) Day Spa
- (25) Skin Care Studio
- (26) Salon with Spa Services
- (28) Destination Spa/Resort/Hotel Spa/
Fitness/Wellness
- (29) Medical Spa
- (30) Medical Practice: Dermatology,
Plastic Surgeon
- (32) School
- (35) Massage Services
- (56) Supplier, Product Manufacturer
- (33) Other

***What is your primary job function? (Please select ONE)**

- (43) Owner/Manager/Executive
- (44) Esthetician
- (45) Medical Esthetician
- (46) Medical Professional:
Doctor, Nurse, Physician
- (48) Student
- (59) Massage Therapist
- (61) Cosmetologist
- (62) Educator/Instructor
- (60) Marketing/Sales
- (47) Other

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- Yes
- No

***I would like to receive news, updates, promotions and/or special offers from industry partners via e-mail.**

- Yes
- No

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- Yes
- No

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- Yes
- No

Send check payable to Allured Business Media for \$199 USD to:
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Email: customerservice@skininc.com