

premiere PHILADELPHIA

Sept. 23-24, 2018

Student Sign-Up Form

Deadline to Submit: Sept. 17, 2018

Checks not accepted onsite.

Please Note: Enrollment verification required for all students. See below for acceptable documents.

School Information

Contact Name _____ School _____
 Email _____ Phone Number _____

	Student's Name		Student's Name
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

Initials

I acknowledge that Student and Instructor Show Passes are non-transferable and non-refundable. I understand that Premiere Philadelphia is an industry only show, and is **NOT** open to the public; that show pass sales are authorized only for licensed professionals and actively enrolled Beauty School students. Show Passes are not to be sold to consumers, including infants and **anyone under the age of 16**, nor may they be discounted or given away. I certify that all individuals on this form are actively enrolled Beauty School students and/or current employees at the school listed above and recognize that Premiere has the right to terminate participation from above school should these terms and conditions be violated.

Please continue to page 2

Registration Prices

By August 25

Professional Two-Day \$65
 Student Two-Day \$40

After August 25

Professional Two-Day \$70
 Student Two-Day \$45

Day of Show Prices are \$5 more.

Acceptable Student Verification Documents

- Enrollment Paperwork
- Active Class Schedule
- Unofficial Transcripts
- Progress Report

Submit Form

Email
 Print & Mail

schools@premiereshows.com
 Attn: Students
 1049 Willa Springs Drive
 Suite 1001
 Winter Springs, FL 32708

Questions? Call Customer Service at 800-335-7469 x3

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School Information

Contact Name _____ School _____

For every 5 student show passes sold to the same school, one instructor will receive a complimentary 2-Day Professional show pass issued by Premiere. All complimentary show passes will be emailed.

	Instructor's Name	Instructor's License Number
1		
2		
3		
4		
5		
6		
7		
8		

Billing Information

Name on Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Payment Information

Check Number _____ Driver's License Number & Phone Number must be on All Checks
*Postmarked by Sept. 10, 2018

Checks not accepted onsite.

Credit Card Number _____

Expiration Date _____ CVV _____ Total to be Charged _____

Signature _____

Premiere Office Use Only

Processed By _____ Date _____ Order Numbers _____

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