

premiereCOLUMBUS

OCTOBER 6-7, 2019

STUDENT SIGN-UP FORM

Deadline to Submit: Sept. 30, 2019

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 Columbus 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 Industry 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 Industry students and/or current employees at the school listed above and recognize that Premiere Show Group has the right to terminate participation from above school should these terms and conditions be violated.

Please continue to page 2

Registration Prices On or Before September 6

Professional Two-Day \$60
 Student Two-Day \$30

After September 6

Professional Two-Day \$70
 Student Two-Day \$30

Day of Show Prices are \$10 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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For every 5 student passes sold to the same school, one instructor will receive a complimentary Two-Day Professional e-pass issued by Premiere Columbus. 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 September 24, 2018

Checks not accepted onsite.

Credit Card Number _____

Expiration Date _____ CVV _____ Total to be Charged _____

Signature _____

Premiere Office Use Only

Processed By _____ Date _____ Order Number(s) _____

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