2016/2017 SALON EVENT FORM

Distributor Name:		Contact:	
Contact Telephone No: ()		Email:	
Salon Information			
Salon Name:			
Salon Owner:			
Salon Address:			
City:			
Phone: (Email: _		
		Salon email required t	o receive support
Number of Tanning Units:		Number of Tann	ing Salons:
Type of Event:		Date of Event:_	
Type of Advertisement:		YTD Sales in Synergy: \$	
Current Synergy Collections Carried:	: Please check all	that apply	
☐ Glammed Up™	Let's Play in t	he Dark™	☐ ColorSurge™
☐ Sunlicious™	☐ TanFusion [™]		
SIGNATURE:			_DATE:
The above information and supporting material atta	sched are accurate and	l in accordance with S	vneray Tan Salon Promotion avidelines

Salon Promotional Guidelines:

- This form must be received three weeks prior to salon event.
- Salon must submit PRE-PRESS advertisement along with contact information to press agent/news media.
- Promotional Items are based on a percentage of Salon YTD sales.
- Salon must submit purchase invoice(s) and pre-press advertisement (which must include Synergy Tan logo and/or products) along with contact information to press agent/news media.
- Qualifying salons must purchase from an authorized Synergy Tan Distributor.

To receive a Synergy Tan Promotional Package fax or email this completed form with supporting materials to:

Synergy Tan Salon Promotions

Fax: 800-964-2169 or salonpromotions@synergytanbrands.com

Questions? Contact Synergy Tan at (800) 325-0836.