SUNEVOLUTIONS[®]

SUN EVOLUTIONS SALON PROMOTIONAL PROGRAM APPLICATION

Today's Date:	Event Date:	
Salon Name:	Owner/Manager's Name:	
Salon Address:		
City:	State:	Zip:
Salon Phone Number:	Contact Cell Number:	
Email:	Website:	
Number of Beds:	Number of Locations:	
Salon Distributor:	Distributor Sales Contact:	
Top 3 Lotion Brands Carried:		
Do you offer Sunless Services? (Check all that apply Yes Airbrush Type of Event: Salon Anniversary Customer Appreciat Other Which Sun Evolutions® products do you currently care	No Yes	
Are you a Sun Evolutions Platinum Partnership Salo	n?: Yes No	
Salons must submit a copy of the advertisement/f the promotional application. (Hand written ads/fly		e the special event with
Promotional application must be submitted at least that your promotional items arrive on time.	st 3 weeks (21 days) prior to the	event date to ensure
Scan and email applications and advertisements t	o Gina Jaeger at gjaeger@sune	volutions.com.

For more information please contact Gina at 1-701-200-2218 or gjaeger@sunevolutions.com.

*Salon Promotion Participation is voluntary and subject to availability. sunevolutions.com











