

SPECIAL EVENT SUPPORT REQUEST FORM

Four Seasons Sales & Service

Please follow the steps below..... to avoid delayed shipment

- 1) **Must** submit request 3 weeks prior to event
 - 2) **Form must be completely filled out.**
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Today's Date: _____

Type of Event: _____

Date of Event: _____

Contact Name: _____

Salon Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Salon email address: _____

Salon Phone#: _____

Vendor's name _____

Products currently carrying?: _____

Does salon carry this vendors line? _____

If so how much have they purchased in this line? _____

Like Hot? _____ % **# BEDS** _____

Has salon previously requested support from this vendor this year? _____

Distributor? _____ / **REP** _____

How are they Advertising?: _____

Flyers #? _____

Newspaper:(how long ad runs) _____
