

# PROFESSIONAL beauty

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Return this form, along with proof of payment, to:  
**PROFESSIONAL BEAUTY, PO Box 650291, Benmore, 2010** OR fax to: 011 781 6079  
 For enquiries: Tel: 011 781 5970

### PLEASE PRINT CLEARLY IN BLOCK CAPITALS

SURNAME: \_\_\_\_\_

NAME: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TEL: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**BANKING DETAILS:** T.E. Trade Events (Pty) Ltd, FNB Wierda Valley  
 Account No: 62055606671, Branch Code: 260950

#### PAYMENT DETAILS: PLEASE TICK ONE OPTION

- BY INTERNET TRANSFER:** I enclose proof of electronic transfer to the value of R355,00 into the T.E. Trade Events (Pty) Ltd (publishers of Professional Beauty) account.
- BY CHEQUE:** I enclose a cheque to the value of R355,00 made payable to T.E. Trade Events (Pty) Ltd (publishers of Professional Beauty) account.

#### PAYMENT BY CREDIT CARD:

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: (if different from postal) \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TYPE OF CARD:  Visa  Mastercard

CARD NUMBER: \_\_\_\_\_

Last 3 digits on back of the card: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_  
m m y y

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PLEASE TELL US YOUR PLACE OF WORK Tick all relevant boxes

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> Beauty Salon                | 7. <input type="checkbox"/> Freelance/Mobile    | 13. <input type="checkbox"/> Distributor/ Wholesaler/ Manufacturer |
| 2. <input type="checkbox"/> Hairdressing Salon          | 8. <input type="checkbox"/> Health/Fitness Club | 14. <input type="checkbox"/> Department Store/Independent Retailer |
| 3. <input type="checkbox"/> Hairdressing & Beauty Salon | 9. <input type="checkbox"/> Hotel/Game Lodge    | 15. <input type="checkbox"/> Media/PR/Advertising                  |
| 4. <input type="checkbox"/> Alternative Therapy Salon   | 10. <input type="checkbox"/> Spa                | 16. <input type="checkbox"/> Other, please state:                  |
| 5. <input type="checkbox"/> Nail Salon                  | 11. <input type="checkbox"/> Medical Centre     | .....  |
| 6. <input type="checkbox"/> Home based salon            | 12. <input type="checkbox"/> School/College     |  |

#### YOUR JOB DESCRIPTION Tick all relevant boxes

- |   |   |
|---|---|
| 1. <input type="checkbox"/> MD/Owner/Director     | 8. <input type="checkbox"/> Medical Practitioner  |
| 2. <input type="checkbox"/> Manager               | 9. <input type="checkbox"/> Make-up artist        |
| 3. <input type="checkbox"/> Qualified Therapist   | 10. <input type="checkbox"/> Teacher/Instructor   |
| 4. <input type="checkbox"/> Alternative Therapist | 11. <input type="checkbox"/> Student              |
| 5. <input type="checkbox"/> Nail Technician       | 12. <input type="checkbox"/> Other, please state: |
| 6. <input type="checkbox"/> Hairdresser           | .....   |
| 7. <input type="checkbox"/> Assistant             |   |

#### No. OF EMPLOYEES including yourself

- Just me
1.  1 - 2
2.  3 - 5
3.  6 - 8
4.  9+