

Please Note: Enrollment verification required for all students. See below for acceptable documents.

School Information

Contact Name _____ School _____

Email _____ Phone Number _____

	Student's Name	1-Day	2-Day		Student's Name	1-Day	2-Day
1		<input type="checkbox"/>	<input type="checkbox"/>	21		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	22		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	23		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	24		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	25		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	26		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	27		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	28		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	29		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	30		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	31		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	32		<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	33		<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	34		<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	35		<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	36		<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	37		<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	<input type="checkbox"/>	38		<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>	39		<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	<input type="checkbox"/>	40		<input type="checkbox"/>	<input type="checkbox"/>

Initials

I acknowledge that Student and Instructor Show Passes are non-transferable and non-refundable. I understand that Premiere Shows 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 School 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 School students and/or current employees at the school listed above and recognize that Premiere has the right to terminate participation from above school should these terms and conditions be violated. By attending Premiere Orlando, you voluntarily assume all risks related to exposure to COVID-19 and other illnesses or injuries.

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New LOWEST Price!

SHOW PASS	EARLY BIRD JUNE 1 - JULY 30	SPECIAL JULY 31 - SEP 3	ADVANCE SEP 4 - OCT 16	DAY OF SHOW OCT 17 - 18
Professional 2-Day	\$65	\$75	\$80	\$90
Student 2-Day	\$50	\$60	\$65	\$75
Student 1-Day	\$30	\$40	\$45	\$55

Acceptable Student Verification Documents

- Enrollment Paperwork
- Active Class Schedule
- Unofficial Transcripts
- Progress Report

School Information

Contact Name _____ School _____

For every 5 student show passes sold to the same school, one instructor will receive a complimentary 2-Day Professional show pass issued by Premiere. All complimentary show passes will be emailed.

	Instructor's Name	Instructor's License Number
1		
2		
3		
4		
5		
6		
7		
8		

For every 30 Student Passes sold to the same school, the school/instructor qualifies for one complimentary Hotel Room night. To qualify for a hotel room, you must contact Premiere at 800-335-7469 by Monday, September 13.

Billing Information

Billing Address _____

City _____ State _____ Zip Code _____

Payment Information

Check Number _____ Driver's License Number & Phone Number must be on All Checks *Postmarked by October 1

Checks not accepted onsite.

For payments via credit card: You will receive an email from a Premiere Customer Experience Agent with account login information and check out instructions once your shopping cart has been created.

Signature _____

Note: Check payments must be postmarked by October 1, 2021 and will not be accepted onsite.

Premiere Office Use Only

Order Numbers _____ Date _____ Processed By _____

If applicable:
 Sales Rep Name _____ Distributor _____ Bag _____

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Student 2-Day	\$50	\$60	\$65	\$75
Student 1-Day	\$30	\$40	\$45	\$55

Submit Form

schools@premiereshows.com
 Attn: Students
 1049 Willa Springs Drive
 Suite 1001
 Winter Springs, FL 32708