



## Attendee Registration

Please read carefully and complete all information. Only one person's registration per form. **Please print legibly.**

Attendee Name: \_\_\_\_\_ Company Name: (if applicable) \_\_\_\_\_  
 Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Attendee Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: DAY (\_\_\_\_) \_\_\_\_\_ EVENING (\_\_\_\_) \_\_\_\_\_ Professional License No: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Please check occupation. Reminder: In order to receive the Zoom passcode required to enter the virtual classroom, you MUST email a screenshot or scanned photo ID to [info@hickorymartshows.com](mailto:info@hickorymartshows.com) within one week of submitting your registration.**

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Spa Owner/Manager   | <input type="checkbox"/> Medical Personnel | <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Student    |
| <input type="checkbox"/> Massage Therapist   | <input type="checkbox"/> Electrologist     | <input type="checkbox"/> Makeup Artist | <input type="checkbox"/> Instructor |
| <input type="checkbox"/> Salon Owner/Manager | <input type="checkbox"/> Esthetician       | <input type="checkbox"/> Other _____   |                                     |

**Conference Attendee Admission includes:**

\* 8 hours of Continuing Education classes *Saturday, November 14, and Sunday, November 15, 2020.*

**Registration: \$110 through September 25/ \$140 after September 25.**

**Students: \$75 through September 25/\$110 after September 25.**

**Pre-registration is encouraged to ensure seminar preference. Additional CE classes are available for \$20 for each additional CE hour.**

**Class Sign up: *YOU MAY SIGN UP FOR ONE CLASS PER TIME SLOT ONLY. SELECT CLASSES CAREFULLY PRIOR TO SUBMITTING REGISTRATION. A \$10 PROCESSING FEE WILL BE CHARGED FOR ANY CHANGES MADE.***

**Pre-Conference Classes**

Thursday, November 5	<input type="checkbox"/> TH600-K	Friday, November 13	<input type="checkbox"/> FR600-E
----------------------	----------------------------------	---------------------	----------------------------------

**Saturday, November 14**

Class Period 1				<input type="checkbox"/> SA900-K	<input type="checkbox"/> SA900-L	<input type="checkbox"/> SA930-M	<input type="checkbox"/> SA930-N	<input type="checkbox"/> SA900-O	<input type="checkbox"/> SA900-P	
Class Period 2	<input type="checkbox"/> SA1200-E	<input type="checkbox"/> SA1230-F		<input type="checkbox"/> SA100-H	<input type="checkbox"/> SA1200-K	<input type="checkbox"/> SA1200-L	<input type="checkbox"/> SA1200-M	<input type="checkbox"/> SA230-N	<input type="checkbox"/> SA1200-O	<input type="checkbox"/> SA1200-P
Class Period 3	<input type="checkbox"/> SA300-E	<input type="checkbox"/> SA300-F	<input type="checkbox"/> SA300-G		<input type="checkbox"/> SA300-K		<input type="checkbox"/> SA300-M			<input type="checkbox"/> SA300-P

**Sunday, November 15**

Class Period 1				<input type="checkbox"/> S900-H	<input type="checkbox"/> S900-K	<input type="checkbox"/> S900-L	<input type="checkbox"/> S900-M	<input type="checkbox"/> S930-N	<input type="checkbox"/> S900-O	
Class Period 2		<input type="checkbox"/> S1200-F	<input type="checkbox"/> S1200-G		<input type="checkbox"/> S1200-K	<input type="checkbox"/> S1200-L	<input type="checkbox"/> S1200-M		<input type="checkbox"/> S230-O	
Class Period 3	<input type="checkbox"/> S430-E	<input type="checkbox"/> S300-F	<input type="checkbox"/> S300-G	<input type="checkbox"/> S300-H	<input type="checkbox"/> S300-K		<input type="checkbox"/> S300-M			

**CONFIRMATIONS WILL BE E-MAILED.**

Fill in the appropriate spaces below:

\$ \_\_\_\_\_ Conference Attendee (Eight CE Hours)  
 \$ \_\_\_\_\_ Additional CEU Classes (\$20.00 for each additional CE hour)  
 \$ \_\_\_\_\_ **Total Amount Due**

**Payment Options**

Payment must accompany registration and may be made by check, MasterCard, VISA, Discover, or American Express. Faxed registrations must be paid by MasterCard, VISA, Discover, or American Express. **No Registration will be accepted without full and proper payment. NO EXCEPTIONS, NO REFUNDS.**

Type of Payment:  Check  Mastercard  VISA  Discover  American Express Amount enclosed: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Credit Card Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 digit security code (on back of card) \_\_\_\_\_

Make Check Payable to: Hickory Mart Shows  
 Mail with Registration to: 2220 Highway 70 SE, Suite 253, Hickory, NC 28602  
 Telephone: 828.322.4924

**If credit card billing address is different from above address:**

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please make a copy for your records, returning the original to the address above.**

**For Internal Use Only. Do Not Write In This Space**

Amount Received \$ \_\_\_\_\_ Payment Method \_\_\_\_\_ Check Number \_\_\_\_\_  MC  VISA  Discover  AMEX Code \_\_\_\_\_  
 Date Processed \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Transaction \$ \_\_\_\_\_ Approval Number \_\_\_\_\_  
 Sales Rep \_\_\_\_\_