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EVENT APPLICATION

CONTACT INFORMATION

FIRST Name _____ LAST Name _____
 Company _____ Title _____
 Address _____ City _____ State _____ ZIP _____
 Email _____ Phone _____
 Social Media Facebook.com/ _____ Instagram @ _____

EVENT INFORMATION

Event Type Class Workshop Networking Other _____
 Title _____
 Description _____

Date 1 _____ Start Time: _____ End Time: _____	Date 2 _____ Start Time: _____ End Time: _____	Date 3 _____ Start Time: _____ End Time: _____	Date 4 _____ Start Time: _____ End Time: _____
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Access Level Members Only Open to the Public Industry Only
 Is this event approved for industry CEUs? If yes, how many? _____

REGISTRATION

Common fields on the registration form are *First name, Last name, Email, Phone*. Please indicate any additional information you would like to capture on the registration form: _____

Additional event information to be inserted in registration confirmation email:

Are registrants allowed to register guests? Yes No
 How many registrants (including guests) are allowed? _____

COST Free \$ _____

BBEC can accept registration payments online, track registrations, send reminders, send announcements and send you an event report for a \$25.00 administrative fee. Would you like BBEC admin services for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Payments <input type="checkbox"/> Online Only <input type="checkbox"/> Offline Only <input type="checkbox"/> Online & Offline
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A/V Needs: _____

Signature: _____ Date: _____

Internal Use Only