

SESSION.SALON

STYLIST NAME:	SALON NAME:
STYLIST EMAIL:	SALON OWNER NAME:
STYLIST PHONE:	SALON PHONE:
YEARS IN THE INDUSTRY:	SALON ADDRESS:
BUSINESS CONSULTANT:	SALON/OWNER EMAIL:

THE STYLIST AGREES TO:

- Responsible for checking WhatsApp / email correspondence & reply to invitations to confirm attendance
- Update the team of any changes to your contact details
- Attend all SESSION.SALON classes 1 4
- Bring your STYLIST TOOLKIT. and equipment as requested for each class
- Share your SESSION.SALON learnings with your salon team

THE SALON OWNER AGREES TO:

- Only applicable to Gold, Platinum & Diamond Tier Salons
- Maintain full range of selected products of KEVIN.MURPHY as per Full Stockist Listing
- Select a stylist from your salon to attend SESSION.SALON
- Ensure the stylist attends all SESSION.SALON classes 1 4
- Stay within your agreed W Trade Terms to ensure supply of KEVIN.MURPHY products
- Display the SESSION.SALON decal on your salon window
- Approves to the Registration Fee below

☐ I AGREE TO CHARGE MY ACCOUNT THE REGISTRATION FEE AND ON SUCCESSFUL GRADUATION THE AMONT WILL BE REIMBURSED IN THE FORM OF A CREDIT NOTE.			
THE SALON OWNER	THE SALON.STYLIST	BUSINESS CONSULTANT	
DATE SIGNED	DATE SIGNED	— — DATE SIGNED	

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