



250 PENNBRIGHT, HOUSTON, TX  
(281) 876-2000 / (800) 237-9175

**COMPANY:**

- CHI Professional
- Biosilk/Sunglitz
- CHI Nail Company
- Other \_\_\_\_\_

**DEPARTMENT:**

- Show  Education
- Sales  Marketing
- International
- Other \_\_\_\_\_

Number of Points \_\_\_\_\_

# FAROUK SYSTEMS EDUCATOR EVENT REPORT

## EDUCATOR VERIFICATION

*This form is necessary to expedite payment of fees and expenses for your Farouk Systems educational assignments. Complete this form on the day/evening of the educational event. Attach white copy of this report to the back of the white copy of your expense report with receipts, model releases and sign-in sheets. Attach yellow copy of this report to the back of the yellow copy of your expense report. Submit white and yellow copies to: Farouk Systems, Inc., 250 Pennbright, Houston, Texas 77090, Attention: Expense Report Department. Retain the pink copy for your records. Please complete all of this form properly to avoid payment delays.*

**(Please print and complete all requested information)**

Your Name: \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Phone Number: ( ) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_  
 Class/Show Confirmation Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Distributor Hosting the Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

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

Date of Event: \_\_\_\_\_ Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Event Location: Salon:  School:  Distributor Store Location:  Other:  \_\_\_\_\_

Type of Event: Encounter:  Presentation:  Technical Workshop:  Mini Show:  Show:  Other:

Type of Class:

Color \_\_\_\_\_ Texture \_\_\_\_\_

Lightner \_\_\_\_\_ Other \_\_\_\_\_

Number of Attendees: Salon Owners \_\_\_\_\_ Booth Renters \_\_\_\_\_ Stylists \_\_\_\_\_ Students \_\_\_\_\_ Instructors \_\_\_\_\_ TOTAL: \_\_\_\_\_

Number of Models and/or Mannequin Heads: Highlighted \_\_\_\_\_ Permed \_\_\_\_\_ Colored \_\_\_\_\_ Cut \_\_\_\_\_ Other \_\_\_\_\_ TOTAL: \_\_\_\_\_

Name of Farouk Systems or Distributor Sales Representative Present: \_\_\_\_\_

Dollar amount of sales generated at this event: \$ \_\_\_\_\_ Educator Signature: \_\_\_\_\_

Give a brief, but concise, description of the event and your opinion of the productivity: \_\_\_\_\_

### Event Verification

*I verify the above information is correct.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(Event Contact Person)**