



e-party registration form

REQUESTOR'S PERSONAL INFORMATION

First name:

Last name:

Address:

City:

State: & Zip Code:

Home phone:

Cell phone:

Email address:

EPARTY INFORMATION

Start Date: (00/00/00) / /

End Date: (00/00/00) / /

**Eparties run from 2-4 days*

This is a referral Eparty. The Promo Code of the Eparty attended was: _____

Special Request: _____

GUEST LIST EMAIL ADDRESSES

(Please provide First Name & Email Address of each guest)

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

* If hand writing, please print clearly

SUBMIT YOUR REQUEST BY:

- 1) Emailing your registration form to **service@sameecosmetics.com**
OR
- 2) Faxing to: **630-293-1781**