

Partner Membership Application

Why Join?

Company Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Website: _____
 Primary Contact: _____ Title: _____
 Primary Contact Email: _____ Phone: _____
 Cell: _____

Networking
 Participating in AACS events allows you to get face time with school members looking for new products and services.

Marketing Support
 Members get discounted advertising, reduced exhibit space rates at events, sponsorship packages and access to 800+ member beauty schools.

Protect Future Workforce
 AACS advocates on behalf of members, protecting the best interests of your customers and future work force.

Please circle the categories below that apply to your company:

- | | |
|--------------------------------|------------------------------|
| Accreditation Consulting | Marketing/Advertising |
| Apparel | Massage Therapy |
| Default Management/Collections | Nail Care |
| Disinfectants | Professional Services |
| Financial Aid Services | Salon Equipment/Furnishings |
| Hair Care/Hair Color | Shears/Clippers |
| Hair and Eyelash Extensions | Skin Care |
| Job Placement | Software |
| Makeup Supplies | Student Kits/State Exam Kits |
| Manufacturer/Distributor | Training/Education Material |
| | Tuition Financing |

Questions?

Contact: Kathy Chow
P: 800.831.1086 ext. 108
E: kathy@beautyschools.org

2020 AACS Events

Meetings & Conferences

Government Relations Summit & Capitol Hill Day
 March 24-26, 2020
 Washington Hilton, (Washington, D.C.)

CEA & AMP Convention
 July 10-13, 2020
 The Mirage, (Las Vegas, NV)

Annual Convention & Expo
 October 23-26, 2020
 The Royal Sonesta,
 (Houston, TX)

NACCAS Workshops
 These exhibiting opportunities are available to members only.

March 8-9, 2020
 Tampa, FL

June 6-7, 2020
 Arlington, VA

September 12-13, 2020
 Las Vegas, NV

December 5-6, 2020
 Las Vegas, NV

Membership Investment

\$1200 Annually

Payment

Check Amount Enclosed \$ _____
 Please make checks payable to: **AACS**

Visa Mastercard Amex

Card Number _____
 Exp. Date _____ CVV Code _____

Cardholder Name _____

Billing Address _____

Billing City _____ State _____ ZIP _____