



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**GIFT CARDS:** Get \$20 for every \$100 (Limited to \$1500 per guest)

	Quantity:	Amount:
Gift Card (\$20 for every \$100 will be added by salon).		

*(Total amount will be added to your salon account unless requested otherwise)*

I would like a physical gift card. (Check box) Total Gift Cards \$ \_\_\_\_\_

**GIFT SETS:** Gift sets are already discounted

	Price:	Quantity:	Total Price:
Botanical Repair Day and Night Strengthening Duo	\$82		
Botanical Repair Strengthen & Smooth Styling Essentials	\$57		
Botanical Repair Strengthening Essentials	\$72		
Color Control Color Protecting Essentials	\$83		
Hand Relief & Foot Relief Essentials	\$62		
Hand Relief Iconic Aroma Trio	\$29		
Moisturizing Travel Trio	\$33		
Nutriplenish Hydrating Essentials -- [Light] - or - [Deep]	\$65		
Rosemary Mint Invigorating Hair & Body Essentials	\$59		
Scalp Solutions Scalp Care Exfoliating Essentials	\$76		
Stress-Fix Relieving Essentials	\$79		

Total Gift Sets: \$ \_\_\_\_\_

**RETAIL PRODUCTS:** 25% off

*Products subject to availability at time of pre-order.*

**Product Name:** \_\_\_\_\_ **Product size** \_\_\_\_\_ **Quantity:** \_\_\_\_\_ **Total Price:** \_\_\_\_\_

Product Name	Product size	Quantity	Total Price

**Total Retail: \$** \_\_\_\_\_

Method of Payment: CARD CHECK CASH

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC \_\_\_\_\_ Billing zip: \_\_\_\_\_

Aveda Plus Rewards Number (formerly Pure Privilege) \_\_\_\_\_

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

Save my payment information on file at Art of Life Salon. (Check box)

**Credit Cards will be charged week of November 22.**

**Packages will be ready for pick-up on December 5<sup>th</sup> during our holiday open house!**

**For Salon Use Only:**

Gift Cards \$	_____
Gift Sets \$	_____
Retail W/discount \$	_____
Subtotal \$	_____
Tax \$	_____
<b>Total \$</b>	_____