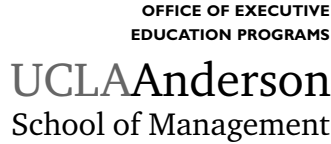


Confidential Application for Admission
Executive Salon Management Program



Program Dates February 18 - 22, 2007

Application Deadline January 5, 2007

Criteria for Participation:

This advanced management program is designed for salon & spa owners and/or senior managers with business ownership, human resource, and financial management experience. In addition:

- You must be the legal business owner OR senior manager who has played an active role in the day-to-day management of the overall business since 2003.
- Your salon or spa must generate consistent annual revenues of USD \$250,000+ (or equivalent currency) per year since 2003.

How to Apply

To apply, please provide the following: Application must be fully completed including ALL requested materials.

- This completed application—**please type or print clearly.**
- A resume describing your employment and educational experience for the last 10 years.
- Two letters of reference from people who are able to evaluate your professional qualifications. One reference must be a distributor or a supplier.
- Please fax to +1 (310) 206-7539**, or mail to: Registrar, UCLA Anderson School of Management, 110 Westwood Plaza, Suite A101D, Box 951464, Los Angeles, CA 90095-1464. Please call +1 (310) 825-2001 with any questions.

Applications are processed in the order received, and submission by the deadline does not guarantee placement. Applications received after the deadline will be considered if space is available. Applications are reviewed by committee.

Tuition

Tuition includes instruction, books, materials, campus parking, and most meals.

Admission	\$4,500
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Applicant Information

This is my home business address

Mr./Ms. Name _____ Name for Badge _____

Title _____ Company _____

Mailing Address (no P.O. boxes, please) _____

Country _____

Work Phone _____ Fax _____

Home Phone _____ Email _____

Cell Phone _____ Birthdate _____

Current Areas of Personal Responsibility/Job Functions

Do you provide technical services? Yes No If yes, average number of days per month: _____

- General Management Accounting/Finance Human Resources Marketing/Sales
- Operations Product Development Information Technology Other _____

Business Responsibility

Sole Proprietor Limited Partner Co-owner

Please describe your salon operation(s). _____

What is your primary objective(s) in attending this program? What new skills and information are you most interested in?

Please describe your plan (if any) to measure your increased effectiveness as a result of attending this program.

Please attach an additional sheet if necessary.

Organization Profile and History Year Salon Opened _____ I have been an owner since (year) _____

Salon Location(s) _____ Total Number of Employees _____

Number of People Who Report to You _____

Salon Operation(s) _____ Annual Sales (\$) _____ # Employees _____

Product Line(s) _____ Annual Sales (\$) _____ # Employees _____

Please provide any data you have for the following. You may use the space provided here, or attach your own descriptions separately.

	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
Gross Sales				
Net Sales				
Total Profit				
# Full Time Employees				
# Part Time Employees				
% of Growth Over Previous Year	N/A			

Organization Endorsement

If your company is jointly owned, your partner needs to provide endorsement supporting your attendance of this program. Please provide the following endorser information:

Mr./Ms. Name _____

Title _____ Company _____

Mailing Address (no P.O. boxes, please) _____

Country _____

Work Phone _____ Fax _____

Email _____

How did you learn of this program?

- Searched Internet I Received a Brochure Fax Email
- Association _____ Ad seen in _____
- Product Supplier _____ Article seen in Magazine or Newspaper _____
- Colleague _____ Distributor _____
- Other _____

Are there special circumstances that should be considered in the case of your application?

Billing Information

Option 1 Bill My Credit Card: Check one: Visa MasterCard American Express

Card Number _____ Exp. Date _____ Billing Address Zip Code _____

Name on Card _____ Cardholder's Signature _____

Option 2 Check enclosed. **Please make checks payable to UC Regents.**

Option 3 Send invoice to: Applicant Sponsoring organization at address below

Mr./Ms. Name _____

Title _____ Company _____

Mailing Address (no P.O. boxes, please) _____

Country _____

Work Phone _____ Fax _____

Email _____

Organization and Applicant Agreement

You will be notified of a decision by the Selection Committee approximately 10 days after receipt of your application. If class capacity is reached prior to the deadline, applicants will be placed on a waiting list in the order received. When your application is approved, you will be invoiced for the full program fee, or you may provide payment in anticipation of your acceptance.

Applications are processed in the order received, and submission by the deadline does not guarantee placement. Applications received after the deadline will be considered if space is available.

The entire fee is payable upon billing and prior to program start. If payment is not received 14 days prior to the program start date, you will be contacted to provide a credit card guarantee.

Changes or Cancellation

Upon receipt of a written request, approved paid applicants may cancel their registration. No refund will be made for partial participation. Approved applicants who wish to cancel their registration in a program to which they have transferred are not eligible for a refund. UCLA's Office of Executive Education Programs reserves the right to change or cancel without notice, at any time. If your written request is received more than 30 days prior to the program start date, there is no change fee. If your written request is received 8-29 days prior to the program start date, the change fee is 50%. If your written request is received 7 or fewer days prior to the program start date, the change fee is 100%.

Individual session content may be modified or instructors substituted to adapt to the changing business climate; however the program's focus on the fundamental concepts and issues identified in the program overview will be retained. UCLA's Office of Executive Education Programs reserves the right to cancel or amend this program and to change the program fee.

Though tax laws continually change, deductions are generally allowed for all expenses of continuing management education (including tuition, travel, meals, and lodging) undertaken to maintain and improve professional skills required for your employment or business. Please consult your tax advisor regarding your personal situation.

Signature of Applicant _____ **Date** _____ **Signature of Partner** *(If applicable)* _____ **Date** _____