



AACCS Committee Volunteer Form

ASCP Skin Care Schools Council Attendees

Yes, I would like to get represent skin care with involvement on one of the AACCS committees.

(Please check no more than two.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> CEA | <input type="checkbox"/> State Relations |
| <input type="checkbox"/> Annual Convention | <input type="checkbox"/> Government Relations | <input type="checkbox"/> Accreditation |

Name _____

School _____

City _____ State _____

Email _____ Telephone _____

PLEASE COMPLETE THE FOLLOWING STATEMENT:

I believe I can be a valuable contributor to a committee because _____

PLEASE FAX TO Jesse Cormier, 1-866-330-7616 BY February 4, 2010

Associated Skin Care Professionals, 25188 Genesee Trail Rd, Ste. 200, Golden, CO 80401
 800-789-0411 www.ascpskinicare.com getconnected@ascpskinicare.com