

# Luzern® Training Request

Today's Date

Account Manager Name:

Requested Date/Time

1st Choice

2nd Choice

## Contact Information

Spa Name

Contact Person

Street Address

City

State

Zip Code

Office Phone

Cell Phone

Email

## Training | Planning Logistics

Training Type

Collection-Specific?

Launch

Refresher

Hands-on

New Product Launch

Product Knowledge

Date of Last Training

Last Educational Trainer

Specific Treatments/Protocol Request for Hands-on Training?

Number of Estheticians Attending

Seasoned Therapists

New Therapists

Front Desk/Retail Staff Attending

Management Attending

Is Meeting/Presentation Space Available?

Yes

No

Is A Treatment Room Available For Hands-On?

Yes

No

# Luzern® Training Request

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## Travel Logistics

Can A Complimentary Room Be Provided?

Yes      No

If Not, Can Property Provide A Vendor Rate?

Yes      No

Closest Airport

## Marketing Preparation

Training & Educational Material Required

Training Manuals

Safe List

At A Glance Page

Luzern Pens

Clean Wallet Card

Thank You for Choosing Luzern Card

Consumer Brochures

Current Collections Carried

L'ESSENTIALS

SERUM ABSOLUT

FORCE DE VIE

FORCE DE VIE NUIT

LA DEFENSE URBAN PROTECT

PROFESSIONAL:

Protocols Offered

Oxygen Concentrator Utilized

Yes      No

Is There An Incentive In Place?

Yes      No

Is Partner On Track with Sales Goal?

Yes      No

Is Partner Signed Up On the Professional Portal?

Yes      No

Sales Challenges