

## Please complete the information below exactly as it should appear on the LVSA web site

Company Name		
Company Mailing Address		
City	State/Province	Zip/Postal Code
Telephone	Fax	
Toll-Free Phone	E-Mail Address	
Website		
Primary Contact		
Full Name	Title	
Phone	Extension	
E-Mail Address		
2nd Contact (if any)		
Name	Title	
Phone	Extension	
E-Mail Address		
Note: Your company and personal information will be listed.		

## **Dues Payment**

Annual Vendor Membership dues are \$1,500.00.

MEMBERSHIP INCLUDES:

- INVITES TO ALL OPEN EVENTS
- EVENT SPONSORSHIP OPPORTUNITIES
- COMPANY LISTING ON WEB SITE
- SOCIAL MEDIA HIGHLIGHTS

Please mail copy of this application and a \$1500.00 check payable to:

LAS VEGAS SPA ASSOCIATION

LAS VEGAS SPA ASSOCIATION 6185 S Valley View Blvd, Ste. J Las Vegas, NV 89118

NOTE: BY MAILING THE LVSA THIS FORM YOU AGREE TO THE FOLLOWING "CODE OF CONDUCT." PLEASE READ CAREFULLY!

## **Code of Conduct**

The Las Vegas Spa Association serves the local resort and day spa industry. As an Affiliate Member of LVSA, we consider it our mission to enhance the quality of life through the spa experience. To this end, we endeavor to provide quality products and services. In order to fulfill our mission, we pledge the following:

- That we produce quality products and services.
- That we deliver on our commitments.
- That we are an equal opportunity employer
- That we will cooperate with our customers toward the continual growth of the spa industry.
- That we will utilize our benefits of LVSA membership solely for the purposes and under the guidelines for which they were established.
- That we agree to conduct our business in a manner which commands respect.
- That customer satisfaction will be the determining factor in all our business dealings.

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