IT&LY™ HAIRFASHION N.A. INC.

DIPLOMA REQUEST FORM

PLEASE PRINT LEGIBLY

NAME: _____
(The way you would like your name to appear on your diploma)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP : _____

SALON NAME : _____

ADDRESS : _____

CITY: _____ STATE: _____ ZIP : _____

HOME PHONE: _____ SALON PHONE : _____

Program Type: ☐ Colorful with COLORLY ☐ COLORLY Creations ☐ Other: _____

TO BE FILLED OUT BY DISTRIBUTOR REQUESTING CERTIFICATE:

NATIONAL OR REGIONAL REPRESENTATIVE: _____

DATE OF PROGRAM: _____

DISTRIBUTORSHIP: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

DATE _____