



Botox Party Interest Form

Name: _____

Phone number: _____ Home Cell

Email : _____

Do you currently receive your Aesthetic treatments with us ? Yes No

If not how did you hear about our office ?

- Internet Brochure Yellow Pages
- Salon Referral : _____
- Friend Referral: _____
- Other: _____

Is this party for personal/family and friends or company related? _____

Name of company: _____

Request of location of event:

- Home Romeo Medical Clinic Place of Business
- Other: _____

Date requesting: _____ Time: _____

Is the date flexible: Yes No

Estimated Number of Guests Attending:

- 6 -10 10-15 15-20 20 +

***Name listed above will receive a gift for hosting * Discounts available * Prize drawings given**