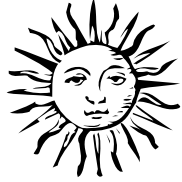
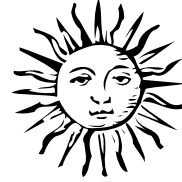


## Sample Badge Printouts



**(Your Area Name) Spa Directors**



**(Your Area Name) Spa Directors**



## Sample Participant Questionnaire

**(Your Area Name) Spa Directors Regional Group  
Participant Questionnaire Form**

Thank you for your interest in becoming a part of the (Your Area Name) Spa Directors Regional Group. Please complete the following questionnaire and return to **X**, or fax to **X** for more information

**Participant Information**

Name:

Company Name:	Phone:	Fax:
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Company address:

City:	State:	ZIP Code:
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Position title:	E-mail address:	Website url:
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Club Destination Resort	Cruise Ship Medical <i>(Please circle)</i>	Day Mineral	Number of Treatment Rooms:	Square footage:
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Year Founded:	Years in Industry:	Services Offered:
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Referred from:

• **Recommendations for Potential Participants**

- (2) two + years in business or industry
- Regional discounts or incentive programs for employees
- ISPA member or referral from member
- Ability to host meeting, co-host meeting, project leadership or take minutes for at least (1) one meeting per calendar year
- Attend at least half the meetings (subs or teleconferencing in is acceptable)