

The Cutting Edge Mentor Program for Salons/Spas

**"The best way to become truly great
is to become as accomplished as possible,
and then help others
through your leadership,"**

James M. Citron


PBA volunteer mentors are available to help grow your business! They are committed to expanding the professionalism of the beauty industry, and to fostering the growth of leadership and business skills. PBA mentors bring their expertise, passion, inspiration and dedication to help fellow members!

Mentors are available to consult with you in a one-day visit to your business. PBA's Cutting Edge Mentor Program volunteers include these experienced and successful business owners:

Tommy Aucoin, Atelier Aucoin
Salons and Academy

Michael Bledsoe, Headlines Salon


Kris Carpenter, Sanctuary LLC

 **Serena Chreky**, Andre
Chreky, The Salon Spa

 **Bonnie Conte**, Avalon
Salon and Day Spa

Darla Di Grandi-Aguielera,
Hi-Lites Aveda

Mario Landino, Captiva Salon

 **Krista Martin**, Metro for Men

Pamela McNair, Verve

Sasha Rash, La Jolie

Steven Brooks, Diva Studio

Lawrence Seybold, Carenza Color
Cutting Experience

Mary Swank, Simply Swank
Salon and Spa

Melissa Yamaguchi, Yamaguchi
Salon and Spa

Rowena Yeager, Studio Wish

 indicates Best Practice Club member

To request a mentor assignment for 2009, please complete the form on the reverse side. For more information or to volunteer as a mentor, please contact Teena Purdiman at 800.468.2274 x3442 (480.455.3442) or email teena@probeauty.org.



MENTOR REQUEST FORM

Contact Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Website _____ Phone _____

Email _____

Please rank your needs in order of importance:

- | | |
|--------------------------------|--------------------------------|
| _____ Growing your business | _____ Salon/Spa Best Practices |
| _____ Compensation and Finance | _____ Team Building |
| _____ Service Mix | _____ Recruitment/Retention |
| _____ Retail Sales | _____ _____ |
| _____ Marketing/Promotions/PR | _____ _____ |

_____ Your years in business _____ Year this business established

_____ # of Locations \$ _____ gross annual sales

Business Type: Proprietorship Corporation Partnership

At Your Largest Location:

_____ # of Licensed Employees on Payroll _____ # of Stations

_____ # of Front Desk Employees _____ # of Renters

_____ # of Clients Seen per Week _____ Sq. Footage

Product lines: _____

Please indicate the services offered in your salon and/or spa.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Hair | <input type="checkbox"/> Makeup |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Nails | <input type="checkbox"/> Peels |
| <input type="checkbox"/> Tanning | <input type="checkbox"/> Waxing |
| <input type="checkbox"/> Spa Services | <input type="checkbox"/> _____ |

How to submit

Mail or fax in the completed form.

Mail: Professional Beauty Association
Attn: Membership Department
15825 N. 71st Street, Suite 100
Scottsdale, AZ 85254

Fax: 480.905.0708
Attn: Membership Department

Do you agree to pay the mentor's travel expenses for one annual visit to your facility? _____ Yes _____ No