

## Application Form for Personal Services at a Tradeshow

<b>Event Information:</b>		
Name of Event: Esthetique Spa International	Date(s) & Operating Hours: March 19: 9am to 6pm & March 20: 9am to 4pm	
Location Address: 1055 Canada Place	Event Organizer: Esthetique Spa International	
	Phone Number: 1-450-434-4738	
	Email: info@spa-show.com	
<b>Exhibitor Information:</b>		
Contact Person:	Business Name:	
Mailing Address:	Phone Number:	
	Email:	
	Booth Number:	
Other Operators (1):	(2):	
(3):	(4):	
<b>Services Offered – (Check(✓) All that Apply)</b>		
<input type="checkbox"/> Esthetics	<input type="checkbox"/> Massage	<input type="checkbox"/> Piercing
<input type="checkbox"/> Hair Services	<input type="checkbox"/> Acrylic Nails	<input type="checkbox"/> Micro-pigmentation
<input type="checkbox"/> Micro-dermal abrasion	<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Tattooing
<input type="checkbox"/> Manicure/Pedicure	<input type="checkbox"/> Waxing	<input type="checkbox"/> Other: _____
<b>Cleaning and Disinfection or Sterilization</b>		
<b>Disposable instruments</b>		
1:	4:	7:
2:	5:	8:
3:	6:	9:
<b>Reusable instruments</b>	<b>Level of disinfection/sterilization</b>	<b>Disinfectant or sterilizer product used</b>
1:		
2:		

Reusable instruments	Level of disinfection/ sterilization	Disinfectant or sterilizer product used
3:		
4:		
5:		
6:		
7:		
Surfaces and equipment	Level of disinfection/ sterilization	Disinfectant or sterilizer product used
1:		
2:		

Describe the hand washing facilities for your booth:

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**NOTE:** Hand washing stations will be provided around the tradeshow floor for hand washing and cleaning of instruments and tools. All vendors must be familiar with the location of the closest hand sink to your booth.

Please acknowledge that there will be copies of written aftercare instructions and consent forms available for each client before invasive services are provided.

☐ Yes I will have printed copies.

Indicate how disposable sharps generated onsite will be stored and disposed:

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Signature

Date

**PLEASE RETURN FORM AT LEAST 14 DAYS PRIOR TO THE EVENT TO:**

**VANCOUVER COASTAL HEALTH (SENIOR EHO for PSE) via:**

**EMAIL:** [TemporaryEvents@vch.ca](mailto:TemporaryEvents@vch.ca) at the attention of : SHELLEY BEAUDET

**Or**

**FAX: 604-736-8651 (ATTN: Senior EHO for PSE)**