

THERAPIST REWARDS

Do more | Be more | Get more

Clinic Name:

Month:

Postcode:

	Product Focus			
	DQ	○	S	H
Therapist Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapist Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapist Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapist Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapist Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapist Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	DQ	○	S	H
Total Quantity Sold:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Quantity Sold:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Quantity Sold:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Quantity Sold:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Quantity Sold:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Quantity Sold:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Manager's Signature:

DERMAQUEST DQ SUNESCAPE S
PRIORI ○ HUSH & HUSH H

Please refer to the instructions and terms & conditions overleaf.
Please email completed form to info@dermapure.uk, along with your proof of sales.

Instructions and Terms and Conditions

Please ensure the following instructions and terms and conditions are followed to allow your incentive to be processed.

- Each month, 1 product per brand will be announced as a product focus.
- Each individual therapist or team member who sells 10 or more of each of the product focus during that month, receives 1 of these products free. This incentive will run each calendar month and proof of sales must be provided but orders can't be carried over.
- The incentive period runs from 1st to the end of each calendar month.
- The Product focus for each month will be announced 2 weeks prior via email. Please ensure you are subscribed to our mailing list.
- 'Total Quantity Sold' is based upon the total number of products sold per brand, during the calendar month for each staff member quantities sold cannot be combined with other staff members.
- Please tick the relevant product focus box for the brand(s) you are redeeming and mark the total quantity sold in the corresponding box.
- Proof of sales must be provided alongside the completed clinic rewards form.
- All completed forms and proof of sales must be submitted by the 7th of the following month, either via email to info@dermapure.uk.
- All sections of the form must be completed in full in capital letters, incomplete forms will not be accepted and will result in you losing your incentive claim.
- Once fully completed, the form must be signed by the Manager.
- Rewards must be redeemed each month, there is no option to carry forward.
- Reward products will come unboxed.
- Retail rewards will be delivered with your next clinic order.