



re:vigorate

THE MOBILE MESSAGE SPECIALISTS

Mail to:

Re:Vigorate

Attn: Customer Representative Dept., 317 Harwich Court
Nashville, TN 37211

Quotation Request Form

Or fax us at:

615.333.0901

COMPANY INFORMATION

1. Contact Name: _____

2. Company Name: _____

3. Company Address: _____

5. E-Mail Address: _____

6. Telephone: _____

7. Fax Number: _____

1. Is this a one-time special event, or would you like on-going service? _____

2. Date(s) of service: (I.e. May 25; every other Tuesday; etc.) _____

3. Location: _____

4. Address: _____

TRADESHOW/CONVENTION

1. Date(s) of event: _____

2. Location of event: _____

3. Address of event: _____

5. Number of attendees expected: _____

6. Hours of coverage needed: (i.e. Thursday 9:00 a.m. until 4:00 p.m.) _____

7. Number of therapists requested: _____

8. Do you have a gender preference for your therapists?
 Female Male No Preference

5. Number of participants expected: _____

6. Hours of event/service: _____

7. Number of therapists requested: _____

8. Do you have a gender preference for your therapists?
 Female Male No Preference

9. Will this be paid for by your company, by each massage recipient, or will it be split? _____

10. Questions, comments, special requests: _____
