

# New Client Concierge

Please answer these questions so we can make your first visit extraordinary

Name

Mobile

Phone

Email

Birthday

How did you hear about us?

## Preferences

### Refreshments

Please choose from the list of refreshments available

Americano

Cappuccino

Espresso

English tea

Herbal tea

Mineral water

Yes  No

## Magazines

Please choose from the list of magazines available

- |                   |                          |
|-------------------|--------------------------|
| Good Housekeeping | <input type="checkbox"/> |
| Hello             | <input type="checkbox"/> |
| Cosmopolitan      | <input type="checkbox"/> |
| Vanity Fair       | <input type="checkbox"/> |
| Red               | <input type="checkbox"/> |
| Grazia            | <input type="checkbox"/> |
- 

## During your appointment do you prefer to:

Please specify

- |                       |                          |
|-----------------------|--------------------------|
| Enjoy a conversation  | <input type="checkbox"/> |
| Sit quietly and relax | <input type="checkbox"/> |
| A bit of both         | <input type="checkbox"/> |
- 

## Would you like products to be demonstrated during your appointment

Please specify

- |               |                          |
|---------------|--------------------------|
| Yes           | <input type="checkbox"/> |
| No            | <input type="checkbox"/> |
| No preference | <input type="checkbox"/> |
- 

## Would you like a complimentary head massage?

Please specify

- |     |                          |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |