



Timeless Beauty Program

At RSVP Med Spa, we specialize in skin. We have replaced the “one solution fits all” approach that is standard practice within this industry, with a tailor-made offering that delivers treatments that are appropriate to both your initial assessment and your response as you move through the treatment process. Our commitment to the conscientious and complete care of your individual needs differentiates both our services and your results. We deliver effective, customized treatments with the highest quality of care using the most cutting-edge technology in a safe and relaxing environment.

The Timeless Beauty Program is your ticket to beautiful and timeless skin. Our program is designed to give you a great treatment program at a cost effective price. The program requires a credit card on file and a payment of \$149.00 per month. The contract is effective for 12 months and will auto-renew (at current program price) unless cancelled in writing.

Monthly Benefits Include:

- **1 Custom facial each month**
- **1 brow shaping each month during your monthly facial**
- **\$50.00 credit to be applied to any RSVP service, retail or gratuity each month**
- **10% off all retail products**
- **15% off Deka Dot or Secret RF laser resurfacing treatment**
- **10% off injectable services**
- **Not to be combined with any other offer**

Terms and Conditions:

- Facials and brow shaping must be used during each calendar month. **If a monthly facial is not utilized, it will be forfeited that month. However, if you cannot use it you may gift it to a friend or family member to be used.**
- Monthly credit on account must be used by the end of the year.
- Program can be cancelled at any time with a 30 day written notice.
- Program cannot be combined with any other special or discount and no refunds will be issued for program purchases.
- Advanced appointments made must be cancelled 24 hours in advance or the appointment is considered a used treatment.
- Your credit card is on file and each month your credit card will be charged the amount recorded on the same date each month, “monthly dues date”. Your credit card and email address is required for participation in our membership program.

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____ City, State, Zip _____

Payment Card Number: _____ EXP: _____ CC Zip Code: _____

I authorize a monthly withdrawal in the amount of \$149.00 on the 1st of each month. Program will renew annually unless cancelled in writing.

Signature: _____ Date: _____