

IMPAC, INC.
IMPAC™ Spa Accreditation

Accreditation Survey Application

1. Name of Spa:

2. Mailing Address:

Street	
Street	
City	
State/Province	
Zip Code	
Country	

3. Location if different from Mailing Address:

Street	
Street	
City	
State/Province	
Zip Code	
Country	

4. Owner of Spa:

If the Spa is owned by a Corporation: please give the name of corporation, corporation contact person, and the address

Corporation	
Contact Person	
Street	
Street	
City	
State/Province	
Zip Code	
Country	
Telephone number	

5. Name of Contact Person for Spa Survey

Name	
Title	
Telephone number	
FAX number	
E-mail	
Address, if different from Spa	

6. Please check services provided:

	Acupressure			Mesotherapy
	Acupuncture			Microdermabrasion
	Blepharoplasty			Microdermabrasion, advanced
	Body polishing			Music therapy
	Body sculpting			Nutritional counseling
	Body wraps			Otoplasty
	Botox injections			Paraffin dip
	Breast augmentation			Pectoral implants
	Breast lift			Pedicure
	Breast reduction			Permanent make-up
	Brow lift			Photorejuvenation
	Brow shaping			Psychological services
	Buttock implants			Pulsed light
	Cellulite treatments			Red and brown spot removal
	Chemical peels			Reflexology
	Chromotherapy			Reiki
	Colonics			Rhinoplasty
	Collagen injections			Rosacea treatment
	Electrolysis			Sclerotherapy
	Eye treatment			Skin analysis
	Eye lash tinting			Spider vein injections
	Eyelid surgery			Tattoo removal
	Face lift			Teeth whitening
	Facials			Tummy tuck
	Facial implants			Veneers
	Fillers such as Restylane			Waxing
	Gynecomastia surgery			Anesthesia, general
	Hair restoration			Anesthesia, local
	Laser for acne			Conscious sedation
	Laser eye surgery			Sedation
	Laser hair removal			
	Laser pigmentation			Please list other services:
	Laser skin resurfacing			
	Laser treatment			
	Lip augmentation			
	Liposuction			
	Lymphatic drainage			
	Make-up consultation			
	Manicure			
	Massage			

7. Please indicate type of staff and number of persons in those positions

	Manicurist/ Pedicurist
	Massage Therapist
	Cosmetologist
	Esthetician
	Medical Esthetician
	Reiki Therapist
	Acupuncturist
	Nutritional Counselor/ Dietitian
	Psychologist/ Social Worker
	Plastic Surgeon
	Dermatologist
	Physician
	Medical Director
	Please list other types of staff members:

8. Please list current license/registration for facility:

Name of Licensing Body/Agency	
License/Registration Number	
License/Registration Expiration Date	

9. Does the Spa have a website? Yes No

Website address: _____

10. Does the Spa do electronic marketing? Yes No

11. Does the Spa do electronic consultations? Yes No

12. Date of Application: _____

Signature of Applicant: _____

Print Name: _____

Print Title: _____

Signature of applicant represents attestation that all information provided is true and complete.

Please review and sign the Non-Disclosure Agreement and return with the application.

IMPAC™

NON-DISCLOSURE AGREEMENT

This Non-Disclosure Agreement (this "Agreement") is entered into as of the _____ day of _____, 200__ (the "Effective Date") between **IMPAC, Inc.** ("IMPAC") located at the address of Box 1146, Manchester, Vermont 05254, and the recipient named on the signature page of this Agreement (the "Recipient"). All proprietary information furnished by **IMPAC** furnished either verbally or in any tangible form, to the other party will be kept confidential by the receiving party and shall not, without the prior written consent of **IMPAC** be disclosed in whole or part, and shall not be used by the receiving party or its directors, officers, agents, representatives, contractors or employees.

1. Confidential Information.

The Recipient shall hold in confidence any and all proprietary information that they receive or disclose to the other in connection with **IMPAC**. Confidential Information for purposes of this Agreement shall include, but not be limited to, reports, memoranda, statistics, forms, notes, records, financial information, charts, know-how, work-in-progress, trade secrets, business methods and processes, legal documents or any other matter relating to the business of either party (regardless of whether disclosed on paper, tape, diskette, or any other media) or information verbally disclosed. The Recipient agrees that it shall not, without the other party's prior written consent, disclose any such Confidential Information to anyone except its own employees, affiliates, representatives, legal counsel and/or financial advisors, on a need-to-know basis, who are party to an agreement to hold such Confidential Information in confidence or are otherwise legally required to do so (collectively, "the "Representatives"), nor use such Confidential Information for any purpose other than the Purpose.

2. Disclosure Required by Law.

If a party or any of its Representatives becomes legally compelled (by deposition, interrogatory, request for documents, subpoena, civil investigative demand or similar process) to disclose any of the Confidential Information (the "Compelled Party"), the Compelled Party or its Representatives, as the case may be, shall provide the other party with prompt prior written notice of such requirement so that the other party may seek a protective order or other appropriate remedy, or waive compliance with the terms of the Agreement. If so required or permitted to disclose Confidential Information, the Compelled Party or its Representatives, as the case may be, shall furnish only that portion of the Confidential Information which the Compelled Party or its Representatives, as the case may be, is advised by counsel is legally required and to exercise its best efforts to obtain assurance that confidential treatment will be accorded such Confidential Information. In any event, neither the Compelled Party nor any of its Representatives will oppose action by the other party to obtain an appropriate protective order or other reliable assurance that confidential treatment will be accorded to the Confidential Information.

3. Return of Confidential Information.

If the recipient fail to achieve the Purpose within the timeframe set forth on the signature page of this Agreement, its Representatives shall promptly return all Confidential Information belonging to **IMPAC** which contain or otherwise relate to the Confidential Information, including any and all copies or reproductions thereof, and agrees to destroy all copies of any analyses, compilations, studies or other documents prepared by that party for the use of that party containing or verifying any Confidential Information. The obligations of the parties as recipients of information under this Agreement shall not apply to any such information (a) which is generally available to the public or otherwise in the public domain, other than as a result of disclosure by each party or by virtue of a breach of this Agreement, (b) which was available to the parties on a non-confidential basis prior to its disclosure, (c) is approved for release by written authorization of an authorized officer of the party whose Confidential Information is to be disclosed, or (d) which is independently developed or obtained by a party without reliance upon any Confidential Information disclosed by the other party.

4. No Public Announcement

The parties agree not to make any public statement or announcement to any newspaper, broadcast or other media, or to any third party (other than the Representatives of a party) concerning the Purpose or this Agreement without the mutual consent of the parties.

5. Equitable Remedies

The parties agree and acknowledge that the Confidential Information of either party, as it exists from time to time, is a valuable, special and unique asset of the other party, that the terms of this Agreement are reasonable and necessary to protect the legitimate interests of the parties and that a violation or threatened violation of any of the terms of this Agreement by one party would cause irreparable injury to the business of the other party, for which damages would be inadequate compensation. Accordingly, the parties acknowledge, consent and agree that in the event of any such violation or threatened violation by one party, the other party shall be entitled to commence an action for preliminary, temporary and permanent injunctive relief or other equitable relief.

6. Governing Law

This Agreement shall be governed and construed in accordance with the laws of the State of Vermont without regard to applicable principles of conflict of laws.

7. Entire Agreement

This Agreement constitutes the entire Agreement between the parties with respect to the subject matter hereof and supersedes any prior agreements, whether written or oral. No modifications of this Agreement will have any force or effect unless such modification is in writing and signed by both parties.

8. Binding Nature

All of the terms and provisions of this Agreement shall be binding upon, shall inure to the benefit of, and shall be enforceable by the parties and their respective heirs, successors and permitted assigns.

IN WITNESS WHEREOF, this Non-Disclosure Agreement is executed as of the Effective Date by authorized representatives of each organization.

IMPAC, Inc

RECIPIENT

Signature: _____

Signature: _____

Print Name: **Dana Noble**
Executive Officer for Operations

Print Name: _____

Date: _____