



# MADSON NATIONAL AREA RETREAT



## “Diamonds & Divas”

October 18th and 19th, 2008

AT THE KALAHARI IN WISCONSIN DELLS, WI

RETREAT STARTS Saturday at 12:30 p.m. and ends on Sunday at 1:30 p.m.

Hosted by:

***Inner Circle National Sales Director Lisa Madson***

***Record breaking National Sales Director Allison LaMarr***

***Mary Kay Vice President Sales Force Intelligence Sean Key***

Consultant registration fee is \$95 if paid by September 1st, 2008.

Spouse registration fee is \$95 if paid by September 1st, 2008.

Hotel rooms will be booked through the Kalahari by using the attached form.

After September 1st, 2008, – registration fee is \$115

Final deadline to register is September 30th, space permitting

No Refunds after Sept. 15th, 2008. Please make checks payable to your Director.

***SPECIAL BRUNCH FOR POWER START PLUS WINNERS AND VIP  
TREATMENT THE ENTIRE WEEKEND FOR QUALIFIED CONSULTANTS  
AND DIRECTORS POWER START PLUS - 30 faces, 10 interviews, and \$600 wholesale***

***3 months in a row June - July - August or July - August - September (Brunch on Saturday 10:00 a.m. - noon)  
BRUNCH AND PHOTO WITH Lisa Madson, Allison LaMarr, & Sean Key***

### RECOGNITION AT THE RETREAT

~Top 10 units in wholesale and unit recruiting in June, July and August

~ Recognition for Directors from personal activity - Sapphire Stars and above, Retail Sales and Personal Recruits from June 1st, 2008 - August 31st, 2008 (Combine new recruits' production.)

~Consultant Recognition includes Facial Sales, Class Sales, Miscellaneous Sales, Total Retail Sales, 18 Classes Held, 25 Skin Care Sets Sold, Gold Medals, Power Start Plus, 3 or more Personal Qualified Recruits, and Star Consultants ending September 15th.

**Special Recognition for Year to Date Top Ten Madson units  
Personal Recruits, and Director Personal Sales, and Consultant Personal Sales**



## **Hotel Room Reservation Instructions: PLEASE READ!!!!**

- Once you select your roommates for the retreat, please fill out the attached form.
- Each reservation will need to be made on or before September 15, 2008.
- Credit cards will be charged the day you make the reservation.
- If you are unable to attend the retreat, you are still responsible for your part of the hotel room expense.
- Each person must check in at the hotel and show ID and credit card.
- **ALL RESERVATIONS MUST GO THROUGH THE HOTEL**
- **Reservations must be faxed to the hotel - 608-254-8609**

You may check in anytime after 4:00 p.m. Pre-check in time starts at 10:00 a.m.

You may begin using the water park as early as 10:00 a.m. by picking up your wristbands at the front desk. Check-out time is at 11:00 a.m.

You may continue to use the water park until 9:00 p.m. that same day.

**Remember that all reservations will be  
made through the Kalahari.  
They will charge your credit card the day you  
make the reservation.**

**Madson AREA Fall Retreat Hotel RESERVATION Form at the Kalahari**

**THE ONE NIGHT PACKAGE RATE includes:**

**STANDARD SLEEPING ROOM WITH 2 QUEEN SIZE BEDS FOR OCTOBER 18th, 2008**

**PACKAGE RATE APPLIES TO TOTAL NUMBER OF GUESTS OCCUPYING ROOM.**

**(EXAMPLE: IF 1 PERSON OUT OF 4 CANCELS, PACKAGE RATE WILL CHANGE )**

**(Includes access to the waterpark)**

One Person \$149 plus tax

Two People \$74.50 plus tax

Three People \$50 plus tax

Four People \$37.25 plus tax

*\*Family suites are available if hotel has space at \$299 plus tax*

**FORM MUST BE FAXED TO**

**the hotel: 608-254-8609**

Deadline is Sept. 15, 2008

- **Any extra nights outside the package is an additional \$149 plus sales tax**
- Each person must guarantee their own reservation with a credit card for their stay.
- Credit Card numbers must be provided on this form will be charged when reservation is made

Name: \_\_\_\_\_ Date of your stay \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Date of your stay \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Date of your stay \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Date of your stay \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

**RESERVATION DUE DATE IS: September 15<sup>th</sup>, 2008**

**EACH PERSON LISTED ON THIS FORM MUST CHECK IN INDIVIDUALLY. IF YOU CANCEL, PLEASE PAY YOUR ROOMMATES THE ROOM FEE AS IT IS NOT FAIR TO THEM IF YOUR PLANS CHANGE.**