

SALON PRICE LIST

Effective September 2015

ANESI PARAFANGO THERAPY



Code	Description	Salon Price	Qty	Total \$
NP115	Parafango (6.6 lbs)	\$39.00		
NP200	Cremfoliant (7 oz)	\$13.56		
NP210	Lipoaminocel Cream (Objectif Minceur) (7 oz)	\$24.61		
NP220	Lipoaminocel Cream (Objectif Minceur) (17.6 oz)	\$27.16		
NP230	Aminofirm Cream (Objectif Fermete) (7 oz)	\$24.61		
NP240	Aminofirm Cream (Objectif Fermete) (17.6 oz)	\$27.16		
NP245	White Plastic Jar Pump (17 oz)	\$6.76		
NP247	Light Contour Cream(Contour Leger) (17.6 oz)	\$22.91		
NP250	Cryoslim Wrapping Lotion (17 oz)	\$33.96		
NP265	Massage Cream (Crème Modelage) (17.6 oz)	\$18.66		
NP272	Gommage Integral Exfoliating Shower Gel (7 oz)	\$14.88		
NP280	Lipoaminocel Cream Samples (Objectif Minceur) (0.36 oz)	\$2.13		
NP285	Aminofirm Cream Samples (Objectif Fermete) (0.36 oz)	\$2.13		
NP300	Parafango Warmer with 6.6 lbs. of Parafango	\$245.00		
NP500	Aminocel Ampoules (20)	\$29.71		
NP510	Aminodren Ampoules (20)	\$29.71		
NP550	Body Brush	\$8.46		
NP560	Bed Cover Sheets (30)	\$18.66		
NP565	Roll of Film (275 yds)	\$12.71		
NP570	Film Cutter	\$2.51		
NP575	Measuring Tape	\$3.36		
NP595	Anesi Bottle Pump	\$2.51		
NP810	Anesi Poster	\$21.21		
NP820	Anesi Personal Record Cards (50)	\$11.86		
NP835	Parafango Pamphlet (50)	\$8.46		
NO700	Anesi DVD	\$16.96		
NO817	Anesi Binder	\$11.86		
NP900	Parafango Kit: (Includes 10 items) Parafango Warmer with 6.6 lbs. of Parafango, 1 Aminocel Ampoules(20), 1 Aminodren Ampoules(20), 1 Cremfoliant(7oz), 1 Lipoaminocel(17 oz), 1 Aminofirm(17 oz), 1 Brush, 1 Roll of Film, 6 Individual Bed Sheets	\$420.00		
NP600	Parafango Kit: (Includes 17 items) Parafango Warmer with 6.6 lbs. of Parafango, 1 Aminocel Ampoules(20), 1 Aminodren Ampoules(20), 1 Cremfoliant(7oz), 1 Lipoaminocel(7 oz and 17 oz), 1 Aminofirm(7 oz and 17 oz), 1 Brush, 1 Film Cutter; 1 Roll of Film, 1 Measuring Tape, 6 Individual Bed Sheets, (1) Anesi DVD, (5) Lipoaminocel samples, (5) Aminofirm samples	\$490.00		

Total	\$
Sales Tax (FL residents only)	\$
Shipping & Handling	\$
Grand Total	\$

Salon Name: _____
 Address: _____
 City/State/Zip: _____
 Phone/Fax: _____
 Method of Payment: _____