

IDENTITY

Last name:

First name:

Date of birth:

Adress:

Zip Code:

City:

Country:

Mail:

Phone number:

SOCIETY

Name and type:

Web site:

Adresse:

Zip Code:

City:

Country:

Mail:

Phone number:

Which brands do you work with?

What kind of protocols do you practice in your beauty center?

Thanks to sending us pictures of your beauty center and beauty treatment room.

8 Place de la Madeleine

Tel: 0142605880

Site web: joelle-ciocco.com

JOËLLE CIOCCO

PARIS

TRAINING PROGRAMM

CHOICE 1	CHOICE 2
Epidermologie®	Sculpture
Sculpture	Buccal
Buccal	

PRESENTATION AND MOTIVATION

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