

JOËLLE CIOCCO

PARIS

IDENTITY

Last Name:

First Name:

Date of birth:

Address:

Zip Code:

City:

Country:

Mail:

Phone number:

COMPANY

Name and type:

Web site:

Address:

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: 01.42.60.58.80

Site web: www.joelle-ciocco.com

