

SEND THE REGISTRATION FORM TO:

ITALIANLASHFESTIVAL@GMAIL.COM - whatsapp 338.34.88.505

REGISTRATION FORM



ITALIAN ONLINE CHAMPIONSHIP OF EYELASH EXTENSIONS AND LAMINATION

NAME: _____ SURNAME: _____

STREET: _____ N. _____

CITY: _____ PROVINCE _____ POSTAL CODE: _____

PHONE: _____ E-MAIL: _____

NOMINATION:

- CLASSIC LASHES VOLUME LASHES (3-8) MEGAVOLUME LASHES PRE MADE YY LASHES
 PRE MADE W LASHES COLOR LASHES WET LASHES CREATIVE STYLE
 SPECIAL STYLING (LADY OF CHRISTMAS) LASH LIFT BROW LIFT MEN'S LAMINATION
 JUNIOR EXPERT PROFESSIONAL ELITE

1 (ONE) NOMINATION COST €50.00

(*)PROMO: 2 (TWO) NOMINATIONS €90.00 - each additional nomination costs €35.00
all 12 nominations 420.00 €

PRE-SALE: from 01/05/2025 to 31/05/2025 each nomination €35.00 each, all nominations €300.00

PAYMENT METHOD:

- BANK TRANSFER TO THE FOLLOWING IBAN: **IT71 E 036 6901 6004 0194 3006 118** BIC/SWIFT: REVOITM2

HEADING: **Daniela Stefania Gradinaru**

ACCEPTANCE OF REGULATIONS

THE UNDERSIGNED _____ DECLARES TO HAVE RECEIVED, READ, UNDERSTOOD AND ACCEPTED IN ALL ITS PARTS THE REGULATIONS OF "ITALIAN LASH FESTIVAL" WITHOUT ANY OBJECTION. DECLARES TO HAVE RECEIVED, READ AND UNDERSTOOD THE REQUESTED PHOTO MODEL.

IONADI (VV) DATE _____

SIGNATURE FOR ACCEPTANCE _____

CONSENT TO THE PROCESSING OF PERSONAL DATA

I authorize the processing of my personal data in compliance with the current legislation on the protection of personal data and in particular, the European regulation for the protection of personal data 2016/679, Legislative Decree 30/06/2003 n. 196 and subsequent amendments and additions. The data controller is Italian Lash Festival which may use it for advertising, commercial and marketing purposes.

Ionadi (VV) date _____

SIGNATURE FOR ACCEPTANCE _____