



To be completed in capital letters and sent together with the required documentation to: info@vormakeup.com
The Professional Documentation must be recent (within the year) indicate your name and your current profession.

Last Name and Name _____

Place and Date of Birth _____ Mobile _____

Web site _____ E-mail used for registration

on this site _____

Shipping Address:

Number and Street address _____

ZIP _____ City _____ Region _____

- I declare that I have read the information and conditions in the VOR MAKE-UP PRO section on www.vormakeup.com. Conditions may be changed without notice.
- I consent to the processing of personal data pursuant to art. 13 Legislative Decree 30 June 2003 n. 196, and subsequent amendments and additions.

Place and Date _____ SIGNATURE _____



I request to be enrolled in the program VOR MAKE-UP PRO in quality of:

- Make-up artist 30%
- Student attending a make-up school 30%
- Beauticians, hair stylist, nail technicians, actors, models, dancers, photographers or other jobs related to beauty sector 20%



IF YOU ARE A **MAKEUP ARTIST**
COMPILE THE FORM AND SEND
US ALSO:

1. Copy of your ID or Driving Licence;
2. Professional Diploma;
3. Short Presentation or CV;
4. Professional Website (no social media);
5. Professional Composite.

IF YOU ARE A **STUDENT**
ATTENDING MAKE-UP SCHOOL
COMPILE THE FORM AND SEND
US ALSO:

1. Copy of your ID or Driving Licence;
2. School registration copy or School card or enrollment letter from school;
3. Short Presentation or CV.

IF YOU BELONG TO ONE
OF THOSE CATEGORIES:
**BEAUTICIAN, HAIR
STYLIST, NAIL
TECHNICIANS, ACTORS,
MODELS, DANCERS,
PHOTOGRAPHERS OR
OTHER JOBS RELATED
TO BEAUTY SECTOR**
COMPILE THE FORM AND
SEND US ALSO:

1. Una fotocopia della carta d'identità o della patente di guida;
2. Professional Diploma;
3. Short Presentation or CV;
4. Professional Website (no social media);
5. Professional Composite