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SIGN-UP FORM

**STUDIO EUROPA CUSTOMER APPRECIATION
REWARDS PROGRAM:**

Date: _____

First Name: _____ Last Name: _____

Company Name: _____

Contact Phone Number: _____ E:Mail: _____

Address: _____

Worked with Studio Europa since: _____

Are you more interested in receiving our gift rewards or a credit towards
personal use of our services? Gift _____ Credit _____

Yes, please sign me up for your rewards program: Signature _____

FOR STUDIO EUROPA USE ONLY:

DATE RECEIVED: _____ BY: _____

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