



THE PERFECT PACKAGING EXPERIMENT



I EDITION CARTONAJES SALINAS COMPETITION.

REGISTRATION

PERSONAL DATA:

NAME:

SURNAME:

E-MAIL:

TELEPHONE:

ADDRESS:

ZIP:

STATE:

CITY:

COUNTRY:

MODE:

SINGLE REGISTRATION:

GROUP REGISTRATION:

If you register as a group, the contact person for any information will be the holder of the registration, that is, the name written in the first fields.

Maximum 4 participants per group.

PARTICIPANT 2

NAME:

SURNAME:

MAIL:

PARTICIPANT 3

NAME:

SURNAME:

MAIL:

PARTICIPANT 4

NAME:

SURNAME:

MAIL:

STUDENT

SCHOOL:

FREELANCE PROFESSIONAL

DESIGN AGENCY

AGENCY DATA:

NAME:

ADDRESS:

ZIP:

STATE:

COUNTRY:

WEB:

E-MAIL:

ACCEPTANCE AND SIGNATURE

- All the fields must be properly completed for its acceptance.
- Upon receipt this document by mail to the adress perfectpackaging@cartonajessalinas.com, we will contact you to send you all the necessary information about de project.

I HAVE READ AND ACCEPTED THE RULES OF THE COMPETITION.

DATA:

SIGNATURE:



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