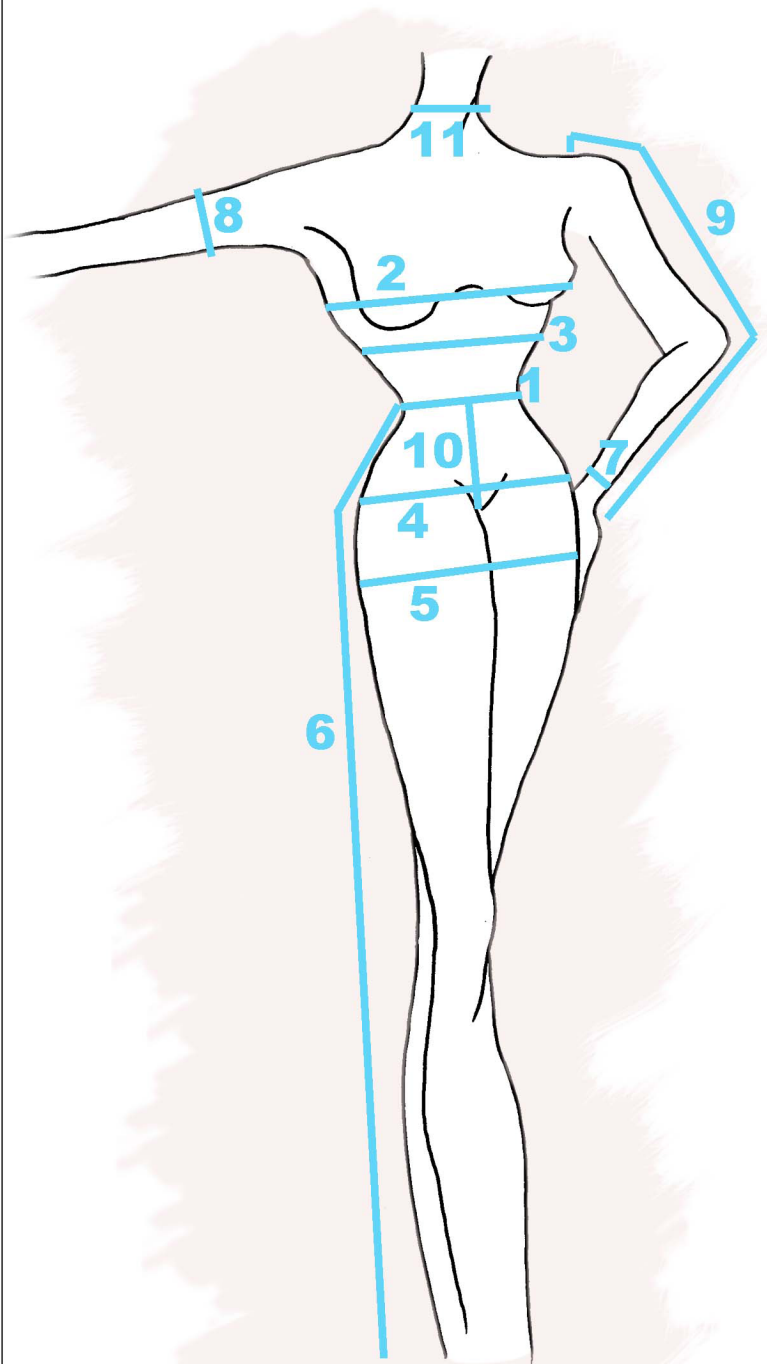




_____	Cognome e Nome (Name)
_____	Indirizzo (Address)
_____	Tel / Fax (Phone / Fax)
_____	E-Mail

①	Vita (Waist)	_____	cm
②	Seno (Bust)	_____	cm
	Sotto Seno (Under Bust)	_____	cm
④	Fianchi Alti (Hips - 10 cm down the Waist)	_____	cm
⑤	Fianchi Bassi (Hips - 20 cm down the Waist)	_____	cm
	Lunghezza Gonna (Length Skirt)	_____	cm
⑦	Polso (Wrist)	_____	cm
⑧	Circonferenza Braccio (Arm)	_____	cm
	Lunghezza Braccio (Length Arm)	_____	cm
⑩	Cavallo (Crotch)	_____	cm
⑪	Giro Collo (Neck)	_____	cm
⑫	Altezza Persona (Height Person)	_____	cm



INVIARE AL SEGUENTE NUMERO DI FAX / SEND TO THIS FAX NUMBER +39.06.93.74.85.27