

STYLIST OF THE MONTH APPLICATION

First Name:

Last Name:

Salon Name:

City:

State:

Tell Us About Yourself.

What has been your biggest challenge as a stylist?

What was the biggest turning point in your career?

How have your clients benefited from hair extensions?

How have hair extension impacted your life?

>> PLEASE E-MAIL SUBMISSION TO SYDNEY@HAIREXTMAG.COM <<



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HAIR EXTENSION MAGAZINE

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