

REGISTRATION FORM

DISTANCE TRAINING COURSE

Title of the training course: _____

Date: _____

1- IDENTIFICATION

Surname : _____

First name : _____

Entity : _____

Title / Function : _____

E-mail : _____

Phone : _____

Invoicing address : _____

VAT Number : _____

2- PARTICIPANTS

Surname : _____ **Firstname :** _____ **Title / Function :** _____

I want to register for an individual session of 15 minutes with the training manager: YES NO
If yes, your time slot will be given by mail with the confirmation of registration.

Surname : _____ **Firstname :** _____ **Title / Function :** _____

I want to register for an individual session of 15 minutes with the training manager: YES NO
If yes, your time slot will be given by mail with the confirmation of registration.

With the present form, I register to the distance training course above-mentioned and I commit to pay the corresponding invoice.

The invoice will be sent at reception of this registration form dully completed.

Thanks to address the completed form to:

stephanie.franclin@improve-innov.com

Date :

Signature :



