

## REGISTRATION - DISTANCE TRAINING COURSE

Thursday, November 26<sup>th</sup> 2020

### 1- IDENTIFICATION

Surname :  Name :

Entity :  Title / Function :

E-mail :  Phone :

Invoicing address :

VAT Number :

### 2- PARTICIPANTS

Surname :  Name :

Optional: I also want to register to an individual session of 15 minutes with the training manager **on Friday, November 27<sup>th</sup>**:

YES

NO

*The slot will be given with the confirmation of registration by mail.*

Surname :  Name :

Optional: I also want to register to an individual session of 15 minutes with the training manager **on Friday, November 27<sup>th</sup>**:

YES

NO

*The slot will be given with the confirmation of registration by mail.*

With the present form, the above participants are registering to the distance training course organised by IMPROVE. They commit to pay the corresponding invoice.

Thanks to address the completed form to: [stephanie.franclin@improve-innov.com](mailto:stephanie.franclin@improve-innov.com)

Date :

Signature and Stamp:

