
Registration Form

Training requested

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> General
Management
and Finance | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Property |
| <input type="checkbox"/> Management | <input type="checkbox"/> SAP | |

Name of the course(s)

.....
.....
.....

Date(s) requested:.....

Contact details

Participant

Last Name: First Name:
Function:
Phone number: E-mail:

Company *(if concerned)*

Business Name:
Address:
Postcode: City:
SIRET number: NAF/APE code:

Payment

- Check Bank Transfer Payment on receipt of invoice

Invoicing

Company to invoice if different address:
.....

The participant declares the reading of the registration conditions (below) and accepts them thoroughly.

Signed in: Date:

Company stamp (if concerned)

Signature:

Registration Conditions

- Every registration required the registration form above sending by email or letter to:
 - valang consulting
 - Entrelac (2^{ème} étage)
 - 15 avenue Emile Zola
 - 74100 Annemasse
 - formation@valang.eu

- Registrations will be confirmed after the payment only.

- Cancellation won't be refund if it occurs less than 7 days from the course.

- Quotation available on demand through the website.

- valang consulting reserves the right to cancel a class if the number of participants is insufficient. In this case, the payment will be refund as soon as possible.

- The participant declares the prerequisite reading from the course.

- Payment:
 - By cheque, payable to valang consulting
 - Payment on receipt of invoice (attach imperatively an order form)
 - By bank transfer, IBAN: FR76 1382 5002 0008 0120 0145 194