

Title		Ref.	
Dates		Place	

Participants		
Surname-forenames	Function	Date of birth

Company			
Name		E-mail	
Address		Phone	
		Fax	
Name of the person in charge of the training agreement		Function	

Individual	
Fees for one person	
Number of persons	
Trainer travelling expenses participation	
Group	
Fees for a group of 7 persons	
Trainer travelling expenses	

Payment	
<input type="checkbox"/>	To be paid by the company.
<input type="checkbox"/>	To be paid by the trainee : in totality when registering

At : **Signature**

Date : **Cachet**

Application Form

Form to be returned to : POMA FORMATION - BP 47 - 38341 VOREPPE CEDEX – France
Phone 33 (0)4 76 28 70 31 / Fax 33 (0)4 76 28 72 60