

PARTICIPANT DETAILS

First name.....Surname.....
 Position.....Email.....
 Company.....Tel. (mandatory).....
 Address.....
 Postcode.....City.....

DETAILS OF THE SIGNATORY OR PERSON IN CHARGE OR THE REGISTRATION

First name.....Surname.....
 Position..... Email..... Tel.....

TRAINING COURSE

Code..... Date.....
 Name of training course.....

RATES & PAYMENT

Rates	On-site or remote				
	2h-3h30	4h-5h	1 Day (7h)	2 Days (14h)	3 Days (21h)
<input type="checkbox"/> Member	€240 (VAT incl.)	€300 (VAT incl.)	€504 (VAT incl.)	€1,008 (VAT incl.)	€1,512 (VAT incl.)
<input type="checkbox"/> Member additional person			€420 (VAT incl.)	€840 (VAT incl.)	€1,260 (VAT incl.)
<input type="checkbox"/> Non-member	€360 (VAT incl.)	€420 (VAT incl.)	€624 (VAT incl.)	€1,248 (VAT incl.)	€1,872 (VAT incl.)

Cheque made out to Cosmed

Transfer to IBAN FR 76 1009 6180 6200 0516 3860 239

OPCO, specify.....

I hereby confirm I have read the terms and conditions available on the website at www.cosmed.fr and accept them. The information collected via this form is processed by Cosmed in compliance with the terms of our confidentiality policy, available on our website at www.cosmed.fr.

Stamp and signature (mandatory)

Complete the form and send it to formation@cosmed.fr or to Cosmed, 495 rue René Descartes, Les Ogres de l'Arbois F-13100 Aix en Provence FRANCE