|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 18-05-2020 | 3.5 | 09:30 - 13:00 |  |
| 19-05-2020 | 3.5 | 09:30 - 13:00 |  |
| 20-05-2020 | 3.5 | 09:30 - 13:00 |  |
| 25-05-2020 | 3.5 | 09:30 - 13:00 |  |

|  |  |
| --- | --- |
|  | J’atteste avoir reçu mon attestation de fin de formation LECONTE PHILIPPE |

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|  | |  |  | | --- | --- | | **Nom du formateur** | **Signature du formateur** | |  |  | |