|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 06-07-2020 | 2 | 16:00 - 18:00 |  |
| 10-07-2020 | 2 | 16:00 - 18:00 |  |
| 15-07-2020 | 2 | 16:00 - 18:00 |  |
| 20-07-2020 | 2 | 16:00 - 18:00 |  |
| 24-07-2020 | 2 | 16:00 - 18:00 |  |

|  |  |
| --- | --- |
|  | J’atteste avoir reçu mon attestation de fin de formation Rakotoaritsimba Menjato |

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