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| **Dates** | **MATIN** | | **APRES-MIDI** | |
| **Horaires** | **Signature stagiaire** | **Horaires** | **Signature stagiaire** |
| 19-10-2020 | 09:00 - 13:00 |  | 14:00 - 17:00 |  |
| 20-10-2020 | 09:00 - 13:00 |  | 14:00 - 17:00 |  |

|  |  |
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|  | J’atteste avoir reçu mon attestation de fin de formation SOW Samba |

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