|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 27-07-2020 | 2 | 15:00 - 17:00 |  |
| 28-07-2020 | 2 | 15:00 - 17:00 |  |
| 29-07-2020 | 2 | 15:00 - 17:00 |  |
| 30-07-2020 | 2 | 15:00 - 17:00 |  |
| 31-07-2020 | 2 | 15:00 - 17:00 |  |
| 03-08-2020 | 2 | 15:00 - 17:00 |  |
| 04-08-2020 | 2 | 15:00 - 17:00 |  |
| 05-08-2020 | 2 | 15:00 - 17:00 |  |
| 06-08-2020 | 2 | 15:00 - 17:00 |  |
| 07-08-2020 | 2 | 15:00 - 17:00 |  |
| 11-08-2020 | 2 | 15:00 - 17:00 |  |
| 12-08-2020 | 2 | 15:00 - 17:00 |  |
| 14-08-2020 | 2 | 15:00 - 17:00 |  |
| 24-08-2020 | 2 | 15:00 - 17:00 |  |
| 28-08-2020 | 2 | 15:00 - 17:00 |  |
| 31-08-2020 | 2 | 15:00 - 17:00 |  |
| 02-09-2020 | 2 | 15:00 - 17:00 |  |
| 04-09-2020 | 2 | 15:00 - 17:00 |  |
| 07-09-2020 | 2 | 15:00 - 17:00 |  |
| 09-09-2020 | 2 | 15:00 - 17:00 |  |
| 11-09-2020 | 2 | 15:00 - 17:00 |  |
| 16-09-2020 | 2 | 15:00 - 17:00 |  |
| 18-09-2020 | 1 | 15:00 - 16:00 |  |

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|  | J’atteste avoir reçu mon attestation de fin de formation Benchekroun Soukaina |

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