|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 26-10-2020 | 2 | 13:00 - 15:00 |  |
| 27-10-2020 | 2 | 13:00 - 15:00 |  |
| 28-10-2020 | 2 | 13:00 - 15:00 |  |
| 29-10-2020 | 2 | 13:00 - 15:00 |  |
| 30-10-2020 | 2 | 13:00 - 15:00 |  |
| 02-11-2020 | 2 | 13:00 - 15:00 |  |
| 03-11-2020 | 2 | 13:00 - 15:00 |  |
| 04-11-2020 | 2 | 13:00 - 15:00 |  |
| 05-11-2020 | 2 | 13:00 - 15:00 |  |
| 06-11-2020 | 2 | 13:00 - 15:00 |  |

|  |  |
| --- | --- |
|  | J’atteste avoir reçu mon attestation de fin de formation Loison Remuald |

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