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| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 07-09-2020 | 2 | 14:00 - 16:00 |  |
| 09-09-2020 | 2 | 14:00 - 16:00 |  |
| 11-09-2020 | 2 | 14:00 - 16:00 |  |
| 14-09-2020 | 2 | 14:00 - 16:00 |  |
| 16-09-2020 | 2 | 14:00 - 16:00 |  |
| 18-09-2020 | 2 | 14:00 - 16:00 |  |
| 21-09-2020 | 2 | 14:00 - 16:00 |  |
| 23-09-2020 | 2 | 14:00 - 16:00 |  |
| 25-09-2020 | 2 | 14:00 - 16:00 |  |
| 28-09-2020 | 2 | 14:00 - 16:00 |  |

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|  | J’atteste avoir reçu mon attestation de fin de formation CHOUTEAU |

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