|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 01-06-2020 | 2 | 15:00 - 17:00 |  |
| 02-06-2020 | 2 | 15:00 - 17:00 |  |
| 03-06-2020 | 2 | 15:00 - 17:00 |  |
| 04-06-2020 | 2 | 15:00 - 17:00 |  |
| 05-06-2020 | 2 | 15:00 - 17:00 |  |
| 08-06-2020 | 2 | 15:00 - 17:00 |  |
| 09-06-2020 | 2 | 15:00 - 17:00 |  |
| 10-06-2020 | 2 | 15:00 - 17:00 |  |
| 11-06-2020 | 2 | 15:00 - 17:00 |  |
| 12-06-2020 | 2 | 15:00 - 17:00 |  |

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|  | J’atteste avoir reçu mon attestation de fin de formation LY ALASSANE |

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