|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 22-06-2020 | 2 | 15:00 - 17:00 |  |
| 23-06-2020 | 2 | 15:00 - 17:00 |  |
| 24-06-2020 | 2 | 15:00 - 17:00 |  |
| 25-06-2020 | 2 | 15:00 - 17:00 |  |
| 26-06-2020 | 2 | 15:00 - 17:00 |  |
| 29-06-2020 | 2 | 15:00 - 17:00 |  |
| 30-06-2020 | 2 | 15:00 - 17:00 |  |
| 01-07-2020 | 2 | 15:00 - 17:00 |  |
| 02-07-2020 | 2 | 15:00 - 17:00 |  |
| 03-07-2020 | 2 | 15:00 - 17:00 |  |

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| --- | --- |
|  | J’atteste avoir reçu mon attestation de fin de formation TRAN CONG VARALACK |

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