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| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 07-12-2020 | 4 | 09:00 - 13:00 |  |
| 08-12-2020 | 4 | 09:00 - 13:00 |  |
| 09-12-2020 | 4 | 09:00 - 13:00 |  |
| 10-12-2020 | 4 | 09:00 - 13:00 |  |
| 11-12-2020 | 4 | 09:00 - 13:00 |  |
| 14-12-2020 | 4 | 09:00 - 13:00 |  |
| 15-12-2020 | 4 | 09:00 - 13:00 |  |
| 16-12-2020 | 4 | 09:00 - 13:00 |  |
| 17-12-2020 | 4 | 09:00 - 13:00 |  |
| 18-12-2020 | 4 | 09:00 - 13:00 |  |
| 22-12-2020 | 4 | 09:00 - 13:00 |  |
| 23-12-2020 | 4 | 09:00 - 13:00 |  |
| 24-12-2020 | 4 | 09:00 - 13:00 |  |

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|  | J’atteste avoir reçu mon attestation de fin de formation FLEURIOT Lea Marie |

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