|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **MATIN** | | **APRES-MIDI** | |
| **Horaires** | **Signature stagiaire** | **Horaires** | **Signature stagiaire** |
| 29-04-2020 | 09:30 - 11:30 |  | 14:00 - 16:00 |  |
| 30-04-2020 | 09:30 - 11:30 |  | 14:00 - 16:00 |  |
| 04-05-2020 | 09:30 - 11:30 |  | 14:00 - 16:00 |  |
| 06-05-2020 | 09:30 - 11:30 |  | 14:00 - 16:00 |  |
| 07-05-2020 | 09:30 - 11:30 |  | 14:00 - 16:00 |  |

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|  | J’atteste avoir reçu mon attestation de fin de formation BOURGADE ANNE MARIE |

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