**LISTE DE PRESENCE D’ACTIVITES DE FORMATION DES COOPERATIVES**

**Date :** ……/……/ 15/04/2024

**Lieu de la** **formation** : ……………………………………………………………………….……….…

**Objet de la formation** : ……………………………………………………………………………………………………………

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **N°** | **Nom et Prénoms** | **Genre** | **Fonction** | **E-mail** | **Contact** | **Signature** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **N°** | **Nom et Prénoms** | **Genre** | **Fonction** | **E-mail** | **Contact** | **Signature** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |