



TRAINING REGISTRATION



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92400 COURBEVOIE

To be returned by email to info@ac6-training.com

Registration manager

Last name: ..... First name: .....
Company: ..... Function: .....
Address: ..... Tel: ..... Fax : .....
Email: .....

Address where to send convocations Same address as Registration manager

Last name: ..... First name: .....
Company: ..... Function: .....
Address: ..... Tel: ..... Fax : .....
Email: .....

Table with 5 columns: Names and Emails of Attendees, Training and location, Ref, Dates, Cost. Multiple empty rows for data entry.

Invoicing address

Last name: ..... First name: .....
Company: ..... Function: .....
Address: ..... Tel: ..... Fax : .....
Email: .....

European VAT Number: .....
This document is a purchase order Yes: it bears this PO number: .....
No; thanks to send your purchase order with this document

We accept AC6 training conditions and the associated terms of payment.
Date Company stamp Signature