



ACTIVITY NUMBER : 11.75.01219.75

Thank for returning this registration form fulfilled to EUROSAE (registration office).

2 RUE MAURICE HARTMANN 92130 ISSY-LES-MOULINEAUX TEL : +33 (0)1 41 08 01 01 FAX : +33 (0)1 41 08 07 77
e-mail : valerie.pineau@eurosae.com

COMPANY*:

Adress*:

Post code*: City*:

Tel*.: Fax*: *(including international code)*

Name of the Training Manager*:

Registration file followed by*:

Tel*.: Fax*: e-mail*:

Intracommunity VAT number*:

TRAINEE : Name / First name*:

Function*:

Tel*.: e-mail*:

Home address:

Nationality* :

Date of birth: Place of birth:

Number of identity card or passport:

Date and place of delivery:

Correspondence address for meeting:

REGISTRATION: Training code*: Place*:

Title*:

Dates*: *Mandatory Fields

Our trainings take place in public institutions of the Department of Defence. It is **absolutely necessary** that **each trainee** presents a **valid identity document or passport** for all controls.
Foreign participants: to meet the formalities authorization, it is necessary that registration requests are sent to EUROSAE 60 days before the start of the training (30 days for the European Union).

INVOICING ORGANISATION:

Paying service if it is separated or collector organization **(it is imperative to fill in if used):**

Name of the correspondent:

Adress:

Post code: City:

Tel. : Fax: e-mail:

For company: Intracommunity VAT number

For OPCA: supported amount

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Date - Stamp - Signature