

REGISTRATION FORM to be completed and returned to :
METROL • 44, rue de La Quintinie - 75015 PARIS
E-mail : philippe.rocher@metrol.fr

Priority desired date: _____ Second option: _____

NAME, Surname: _____

Company or institution: _____

Department or Division: _____

Occupied position: _____

Degree or qualification: _____

Professional address: n°, street: _____

PO Code: _____ City: _____

Country _____

Phone number: _____ Mobile : _____

E-mail: _____ Fax : _____

Professional training contact: _____ Phone.: _____

E-mail : _____

Invoice address: Company: _____

n°, street: _____

Post code: _____ City: _____

Invoice contact person: _____ Phone: _____

Intra-Community VAT n°: _____

To be filled by the candidate: Describe your current activity (or your professional project) and your expectations regarding this training.

I acknowledge that I understand and agree to the Terms and Conditions of registration included in the presentation brochure of the session.

Candidate's signature

Place: _____

Date: _____

**CANDIDATE'S
PHOTO**
**(To be sent by
e-mail for the
picture gallery of
the participants)**

Signature of the manager, or of the Training Department,
or of the HR Department, and stamp of the organization: