

**WINDEX Course - A one-day professional training**  
Understanding and mastering the use of wind energy indexes  
**2021 sessions in Paris :**  
**March 10th (in French) • June 28th (in English) • Nov 8th (in French)**

**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: \_\_\_\_\_



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