



ACTE DE PRESENCE A LA FORMATION

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| Etablissement Ou structure | |
| Formation | |

| Date de la formation | | | | | | | | |
|----------------------|-------|---------|------------|---------|-------|---------|------------|---------|
| Noms des stagiaires | Matin | 3,5 Hrs | Après-midi | 3,5 Hrs | Matin | 3,5 Hrs | Après-midi | 3,5 Hrs |
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| Formateur | J. HUNault | |
| Responsable du centre de formation | J. HUNault | Dates sincères et véritables (Signature + cachet) |