

Training / conference request

Training Conference

Name of the company : _____ _____ Address : _____ _____ Phone: _____ Mail : _____ Fax : _____	Place of the training/conference : _____ _____ _____
Name and function of the contact person: _____ _____	Phone : _____ Mail : _____ Fax : _____
Date of the training/conference : _____ Time of the training/conference : from _____ to _____	Number of participants : _____
Target audience : Employee representation <input type="checkbox"/> Superior <input type="checkbox"/> HR and management <input type="checkbox"/> employees <input type="checkbox"/> General public <input type="checkbox"/> Other <input type="checkbox"/>	Language of the training/conference : Luxembourgish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/>
Number of documentations : _____	Certificates of participation : yes <input type="checkbox"/> no <input type="checkbox"/>

<p>Utensils for on-site work:</p> <p>Beamer <input type="checkbox"/></p> <p>PC / Laptop <input type="checkbox"/></p> <p>Stick <input type="checkbox"/></p> <p>Silver screen <input type="checkbox"/></p> <p>Extension cable <input type="checkbox"/></p> <p>Other : _____ _____</p>	<p>Billing address :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Reserved to the Mobbing asbl

<p>Name and signature of the consultant giving the training/conference</p> <p>_____</p> <p>Date :</p>	<p>Training/conference fees :</p> <p>Training (3hrs with documentation) 1025,00€.</p> <p>Conference (2hrs with documentation) 750,00€.</p>
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