

# Registration Form

## Participant :

Mrs       Mr

First Name : .....

Last Name : .....

Contact Email : .....

Telephone : .....

Special needs / Dietary requirements : .....

## Institution information :

Institution : .....

Country : .....

Position : .....

Job description : .....

Motivation for this week : .....

## Registration fee :

220 €: current partners

270 €: new partners

## Bank IBAN

ACCOUNT  
LOCATION  
IBAN  
BIC Code

TRESORERIE PRINCIPALE VANNES MUNICIPALE  
BDF VANNES  
FR74 3000 1008 59C5 6000 0000 062  
BDFEFRPPCCT

## Registration conditions :

Please send registration form before September, 1<sup>st</sup> 2019 to :  
Kristell JANVIER, Administrative coordinator : [kristell.janvier@ifsi-vannes.fr](mailto:kristell.janvier@ifsi-vannes.fr)

A payment receipt and an attendance certificate will be delivered to each participant.

Date :

Signature of participant :

Stamp of the institution :

