



REGISTRATION FORM

TRAINING FOR SALE AND FOR PROCESSING OF SYNTHESIS PRODUCTS

Send the registration form by fax on 04 74 99 90 91 or by email on ati@atidistribution.fr

The Company

Company Name:

Address:

.....

.....

Company number:

APE code:

Activity:

Phone:

Fax:

Email:

TRAINING DATE CHOICE :

The participants

Name:

First name:

Job role:

Name:

First name:

Job role:

Name:

First name:

Job role:

We want LCCA - ATI SURFACE handles the booking of a hotel close to the company to our account:

YES NON