



# Inscription sheet to CNRS Formation Entreprises Workshops

Civility:..... Last Name:..... Given Name:.....

Position: .....

Professional experience in this field: Yes No

If yes, please give details: .....

.....

Your interest in the workshop: .....

.....

Agent number for CNRS employees: .....

### Professional address:

Company: .....

Nr.: ..... Street:.....

.....

Zip code : ..... Town : ..... Country: .....

Phone number: ..... Fax number: ..... E-mail: .....

Lab director name: .....

### Personal address:

Nr.: ..... Street:.....

Zip code:..... City: ..... Country: .....

Phone number: ..... Fax number:..... E-mail address: .....

Workshop title: .....

.....

Date: ..... Code: .....

Inscription fee: .....€ (excluding meals and accommodation)

### How did you hear about this workshop?

Catalogue  Mailing  Journal\*  ..... Others\*  ..... (\*please detail)

Place and date: .....

Signature of lab director

Company stamp

*Full inscription fees are due by anyone who did not cancel her/his inscription by fax at least one week before the beginning of the workshop. 20 % of inscription fees will be charged for any cancellation in the 20 days before the beginning of the workshop.*

Inscription sheet to be sent to: **CNRS Formation Entreprises**

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