TRAINING

« »

Public

Prerequisites

Level

No level required

Terms

Accessibility

REGISTRATION FORM TO BE RETURNED TO
CONTACT@PHARMANAGER-DEVELOPMENT.COM

TRAINING

« »

TRAINERS

MEANS AND MODALITIES

REGISTRATION FORM

« »

Company name:

Name of signatory:

Intracommunity VAT number:

Company Training Manager:

(email required - Otherwise: Person signing the training agreement)

PARTICIPANTS AND CHOICE OF SESSIONS

Name : .....
First name : .....
Function : .....
E-mail : .....

Name : .....
First name : .....
Function : .....
E-mail : .....

Name : .....
First name : .....
Function : .....
E-mail : .....

If a particular adaptation of the training is necessary, linked in particular to a particular disability situation, do not hesitate to let us know.

Before registering, make sure you have read the training prerequisites and validate that the objectives are in line with expectations. Do not hesitate to let us know your expectations before the training if necessary.

Individual expectations and objectives:

Total : **€ tax ex.**

Name and address of the company to be invoiced:

Date :

Signature :

Pharmanager Development reserves the right to cancel the training in the event of insufficient registrations. In the event of cancellation, Pharmanager Development will notify participants at least 5 working days before the scheduled training date.

IMPORTANT: Our training courses are eligible for support by an OPCO. However, the invoice will be established and due by the participating company, in the amount of the training.

REGISTRATION FORM TO BE RETURNED TO
CONTACT@PHARMANAGER-DEVELOPMENT.COM

PHARMANAGER development