



**I, the undersigned, certify that I have made sure that the fees for the seminars for which I have registered has been budgeted for by my organisation.**

Date :	Stamp (compulsory):
Signature (compulsory) :	

## To be invoiced to:

Mrs/ Mr.    **Name** ..... **First name** .....

**Position/Unit** .....

**Organisation** .....

**E-mail** .....

**Phone** .....

**Fax** .....

## Profile

In order to enable us to meet your needs more effectively, please tell us about the type of evaluations you are (will be) involved in (field, size, method,...):

.....  
.....  
.....

## Further information

Please contact us:

Email: [lyon@eureval.fr](mailto:lyon@eureval.fr)

Telephone: +33 4 72 83 78 80

Please return this registration form as soon as possible and 15 days before your training at the latest to:

Email: [lyon@eureval.fr](mailto:lyon@eureval.fr) Fax: +33 4 72 83 78 81 - Mail: 13b Place Jules Ferry – 60006 Lyon – France