

2025 Training registration form

To be completed and returned at least 3 weeks before the course.

Company

Name:

Address:

Postal code: Town:

Tel: Mobile:

Person managing the file:

E-mail (required):

Applicant for training (if different):

E-mail (required):

Participant(s)

1: Name: First name: Job title:

E-mail (required):

2: Name: First name: Job title:

E-mail (required):

Training

Course title:

Training course reference: Preferred period:

Inter-company session in Chalonnes

Regional inter-company session (preferred location):

Tailor-made session (preferred location):

Information

By completing this form, you agree that the information collected may be processed exclusively by Bucher Vaslin's Services Department. This information will be used in particular to send administrative documents.

In accordance with the French Data Protection Act 78-17 of 6 January 1978, amended in 2004, you have the right to rectify your personal data by contacting the head of the Bucher Vaslin training centre (centredeformation@buchervaslin.com) on written request and after providing proof of your identity.

How to register

By mail:

Bucher Vaslin
 Centre de formation (Training Centre)
 BP 70028 - Rue Gaston Bernier
 F - 49290 Chalonnes sur Loire

By e-mail:

centredeformation@buchervaslin.com