**LISTE DES PRESENCES** [[1]](#footnote-1)

**Formation :  XXXXX**

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|  |  |  | |  | | **Dates et signatures** | | | |
| **PARTICIPANTS** | **Nom** | | **Prénom** | | **Employeur** | **JJ/MM/AAAA** | **JJ/MM/AAAA** | **JJ/MM/AAAA** | **JJ/MM/AAAA** |
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1. A faire signer aux participants pour chacune des journées de la formation et à remettre en mains propres ou à transmettre par mail à formationscontinues[@helmo.be](mailto:m.libotte@helmo.be) au terme de celle-ci. [↑](#footnote-ref-1)