

Registration form

motivation in the workspace seminar

Participants First Name, Last name, Date of birth, Profession, Years of experience

1. _____
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20. _____

Company name, office address for the seminar _____

Confirmed dates _____

Please send the registration form to IFGP, 116 rue du Rhône, 1204 Genève,
Phone +41 22 839 4449, Fax: +41 22 839 44 45, info@ifgp.ch

Confirmation

Place, Date, Name, Authorized signature(s) _____