Cybersec & Safety Partners

Registration form

Form to be returned to: *formation@isit.fr*

Training applicant:

Company: _____

Address: _____

Town/Country: _____

Phone: _____

Human Ressource Contact: _____

E-mail: _____

How did you hear about us? emailing ☐ website ☐ press ☐ ad ☐

Course title/reference:

Session dates:

Validated prerequisites: Please refer to the brochure of the chosen course ☐

Location: on the premises of ISIT ☐ Distance Learning (ODL) ☐ on the applicant's premises ☐

Company: _____

Address : _____

Zip-code/Town/Country: _____

For distance learning (check the appropriate box after internal verification):

☐ Registered learners have rights to use the **Teams** tool (invitations sent by **us**)

☐ We would like to use another tool (invitations sent by **you**)

Payment**:** Applicant ☐ French state-approved skills operator (OPCO) ☐

Billing address: _____

_____

Training amount: Travel expenses amont: Total amount:

Learners:

Last name	First name	Email

Your disability correspondent: *formation@isit.fr – 05 61 30 69 00* (don't hesitate to share these details with your learners)

Are any of the participants disabled / Recognition of disabled worker status (“RQTH” in France) beneficiaries? Do they have special needs?

_____

_____

☐ I have read and accept the ISIT Training Terms and Conditions of Sale. - *http://www.isit.fr/index.php/cgv*

Qualiopi processus certifié

RÉPUBLIQUE FRANÇAISE

La certification qualité a été délivrée au titre de la catégorie d'action suivante : ACTIONS DE FORMATION