

Bulletin registration 2026

HAS complete And has return At minimum 3 weeks Before there training.

Company

Name :
Address :
Code postal : City :
Such : Port :
Person in charge of case :
E mail (OBLIGATORY):
Applicant of there training (if different) :
E mail (OBLIGATORY):

Participant(s)

1 : Name : First name : Function :
E mail (OBLIGATORY) :
THE intern does he want to announce A disability : Yes No

Training

Titled of internship :
Reference of internship : Period desired :
Session inter-company has Chalonnnes
Session inter-company in region (place wish) :
Session on measure (place wish) :

Information

By completing this form, you consent to the processing of the information collected, which is intended solely for the use of the Bucher Vaslin Service Department . This information will be used, in particular, for sending administrative documents.

In accordance with law 78-17 of 6 January 1978 amended in 2004 relating to information technology, files and freedoms, you have the right to rectify data concerning you via the manager of the Bucher Vaslin training centre (centredeformation@buchervaslin.com) on request written And After to have justified of your identify.

Statement activity recorded below THE number 52490508749 with of prefect of region of PAYS-DE-LA- LOIRE

By mail :

[Terms and conditions](#)

centredeformation@buchervaslin.com

registration

By mail :

Bucher Vaslin
Training center

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