**FEUILLE DE PRESENCE**

* **Formation :**
* **Date :**
* **Durée en heure :**
* **Horaires :**
* **Lieu :**

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| **Nom** | **Prénom** | **Fonction** | **Structure** | **Signature** |
|  **Journée 1** **matin** | **Journée 1** **après-midi** |  **Journée 2 matin** | **Journée 2 après-midi** |
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Formateur : Signature des formateurs :