



# ENTRY FORM ICS 2009



Name : .....

First name : .....

**Professionnal**

Address : .....

.....

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N° de TVA intracommunautaire .....

Telephone : .....

Fax : .....

E-mail : .....

<b>Lesson N° :</b>	<b>Lesson Name:</b>

To send back with the payment to :

**International Culinary School - Ecole des Métiers de Bouche**

(Agrément N° 11 78 06023 78)

ZI des Cettons

78570 CHANTELOUP LES VIGNES

France

Tél : + 33 (0)1 39 22 22 39

Fax : +33 (0)1 39 70 92 02

**Tarifs :**

Professional meeting 1 day:

**66,92 €HT (80.04 €TTC)**

Lesson 2 days :

**400,18 €HT (478.62 €TTC)**

*We must be informed one week before the lesson date minimum if you wish to cancel.*

*Your registration will be accepted only once your payment will be received.*

*Thank you to fill one form per person.*