



ENTRY FORM
ICS 1st semester 2012



Name:
Surname:

Professional address:

Phone number:
Fax:

E-mail address:

Lesson N°	Name of lesson

Participation:

- February 2012, Monday 13 to Tuesday 14, from 8h30 to 18h
- March 2012, Wednesday 21, from 8h30 to 18h
- May 2012, Tuesday 22 to Wednesday 23, from 8h30 to 18h
- June 2012, Monday 18 to Tuesday 19, from 8h30 to 18h

Thank you to send back a postal check at this address:

International Culinary School - Ecole des Métiers de Bouche
(Agrément N° 11 78 06023 78)

Address:

ZI des Cettons
78570 Chanteloup-les-Vignes, France

Phone number: 01 39 22 22 39

Fax number: 01 70 74 61 93

1 day Professional meeting: 85 € HT (102 € TTC)

2 days meeting: 400 € HT (479 € 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.