



VetAgro Sup

Campus Vétérinaire
de Lyon



Pôle de compétences en
santé équine

Ministère de l'Agriculture, de l'Agroalimentaire et de la Forêt

Institut d'enseignement supérieur et de recherche
en alimentation, santé animale, sciences agronomiques et de l'environnement

REGISTRATION FORM

Please note that registration forms will not be processed without any payment
(A contract will be sent after receiving your registration form)

Course may be cancelled 8 days in advance if there is an insufficient number of trainees enrolled

Surname : _____

First Name : _____ Signature _____

I would like to receive information from the Continuing Education Department

I accept to communicate my data to other participants

ESVOT number (optional) : _____ Self employed : Employed :

Prof Dr Mr Mrs Miss: _____ Qualifications : _____

Address : _____

City : _____ Zip Code : _____ Country : _____

Fax : _____ Phone : _____ e-mail : _____

Quotation

COURSE	PRICE*	DAYS

Registration fee (payment in EUROS) The fee includes proceedings, lunch and coffee breaks

Payment Total payment : _____ €

Bank transfer*

*All costs connected to the international transfer have to be paid by the participant

Bank transfer will be accepted only if you register one month before attending courses

Bank account information IBAN FR76 1007 1690 0000 0010 0432 393 BIC BDFEFRPPXXX

Address : TP LYON Trésorerie Générale du Rhône holder VetAgro Sup

Agence Comptable – 1 av. Bourgelat – 69280 MARCY L'ETOILE

N° SIRET : 130 008 584 00018 N° TVA intracommunautaire FR 16130008584

Credit Card (in€)

CB VISA AMEX MASTERCARD EUROCAR

Number : _____ Expiration Date : _____

Control number : _____ Card holder's name : _____

Authorized signature :

Should you need any additional information, please do not hesitate to contact us

Contact address: **VETAGRO SUP - BFPSA - 1 AVENUE BOURGELAT 69280 MARCY L'ETOILE**

☎ 33(0)4 78 87 25 09

Fax.33(0)4 78 87 27 95

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