

Registration form**To send to :**

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I would like to register to the following training:

Using modelling tools for chemical risk assessment: predicting the unpredictable

☐ **Day 1** - November 9th, 2020

☐ **Day 2** - November 10th, 2020

Identification data

Last name :

First name :

Job function :

Organization :

Company address

Company/ organization :

Street :

Zip code and city:

Phone # :

Email :

Private address

Street :

Zip code and city :

Phone # :

Email:

Please send the invoice to : ☐ private address ☐ professional address

Place, date :

Signature :