2019 Training Seminar | 2019年人材育成セミナー

**REGISTRATION FORM |** 参加申込用紙

To register, please fill in this form and send it to the Recruitment & Training Service of CCI France Japon. If you don’t receive any confirmation, thank you for contacting us.

申込用紙に必要事項をご記入の上、メールにて人材開発部までご返送ください。申込確認メールが届かない場合は、お手数ですが人材開発部までお問合せ下さい。

**E-mail: emploi@ccifj.or.jp | Tel: 03-6821-1003**

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| **Name of seminar |セミナー名:** | | Click here to fill in | | |
| **Date of seminar |参加日:** | Click here | | **Tuition fees |参加費:** | Click here (tax excluded) | |

**PARTICIPANT |参加者**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name |氏名:** | Mr. Ms.　　Click here to fill in | | | | | |
| **Company |会社名:** | | | Click here to fill in | | | |
| **Department/Title |所属部署/役職:** | | | | Click here to fill in | | |
| **Phone |電話番号:** | | Click here | | | **E-mail |メールアドレス:** | Click here to fill in |

**BILLING ADRESS|請求書送付先**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name |氏名:** | Click here to fill in | | | | | | | |
| **Department/Title |所属部署/役職:** | | | | Click here to fill in | | | | |
| **Address |住所:** | | Click here to fill in | | | | | | |
|  | |  | | | | **Postal Code |郵便番号:** | | Click here |
| **Phone |電話番号:** | | | Click here | | **E-mail |メールアドレス:** | | Click here to fill in | |

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| **CANCELLATION CONDITIONS |キャンセル規定**  For cancellation made less than two weeks before the seminar, we would ask you to send a substitute, otherwise we will apply a 50% cancellation fee. Cancellations made two days before and the day of the seminar will be fully charged.  セミナー開催2週間前以内のキャンセルの場合、代理の方のご参加をお願い致します。代理出席がない場合、キャンセル代として、研修費用の50％をお支払いいただきます。前日、当日のキャンセルにつきましては、全額を請求させていただきますのでご了承ください。 |

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| **Date of application |申込日:** | Click here to fill in |
| **Person in charge |担当者名:** | Click here to fill in | |

Should you have any inquiries, please feel free to contact the Recruitment & Training Service of CCIFJ.

ご質問、お問い合わせは、在日フランス商工会議所 人材開発部までご連絡ください。