

ASSOCIATION DES  
LUTHIERS & ARCHETIERS  
POUR LE DEVELOPPEMENT DE LA  
FACTURE INSTRUMENTALE

**APPLICATION FORM**

LAST NAME.....FIRST NAME.....

COMPANY NAME + ADDRESS FOR INVOICING).....  
.....

POSTAL CODE.....TOWN/COUNTRY.....

E-mail .....

Tel ..... Mobile.....

If applicable :

TRADE REGISTER NUMBER:.....

VAT NUMBER.....

ALADFI MEMBER:        **YES**    **NO**

**I would like to register for the following course :**

**'Retouching violin varnishes' from 16 to 20 May 2023. This course is given in English.**

**Fee: 500€.**

The course fee does not include transport or accommodation. The use of the place (14€ per day), the accommodation in a double room for 6 nights (30€ per night and 45€ per day for the meals obligatorily taken at the farm) are included in the **compulsory package: 495€.**

We have very few single rooms available. Accommodation is therefore in shared rooms for 2.

In case of major impossibility, please send a separate email to [campusformation@aladfi.com](mailto:campusformation@aladfi.com)

You can also decide to stay one or more extra nights and participate in another course or workshop. In this case, please fill in the corresponding registration forms separately.

The organisation of travel is left to the initiative of each participant.

We will confirm your pre-registration upon receipt of the questionnaire below and will send you the bank details so that you can send your payment. The final registration will be confirmed upon receipt of the payment by bank transfer with the wording: '**CAMPUS + your name + RETOUCHE**'.

Registration deadline for ALL courses: **30 March 2023**

This form and the questionnaire should be returned to [campusformation@aladfi.com](mailto:campusformation@aladfi.com)

Done at ..... Signature



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**NEEDS ANALYSIS QUESTIONNAIRE  
(unfunded course)**

NAME:

FIRST NAME :

EMAIL :

DATE :

INTEREST IN THE TRAINING COURSE entitled: **'Retouching violin varnishes'**

**■ Presentation of the document**

This document aims to understand what your objectives are for this training course. It is for ALADFI to understand what your needs are and to respond to them as best we can in our training module. This study is not binding on you in any way in the context of your training, but is simply intended to enable us to offer you a training course that is fully in line with your expectations.

**Your training needs**

■ What are your overall expectations for this training? :

.....  
.....  
.....

■ Have you already attended a training course related to this topic?

YES  Which one? : ..... NO

If no, please specify training courses taken on other themes :

.....  
.....  
.....

■ Do you have the necessary theoretical and practical knowledge indicated in the traineeship programme? Specify:

Yes  No

If yes, please specify :

■ Are you a person with a disability and/or do you need any special adaptations to be able to follow this training?

Yes  No

If yes, please specify

.....  
.....

Do you have any special needs or requests regarding this training (accommodation or other)?

Yes  No

If yes, please indicate which ones:

.....  
.....  
.....

