

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 WORKSHOP :

'free WORKSHOP in la ferme de Villefavard' between 8th and 21st May 2023.

RATE : **70€ per day (minimum 3 days)**

DATES desired : from until MAY 2023

The fee does not include transport costs but well the use of the venue, accommodation at the campsite and all meals which are taken together at the farm.

The organisation of the trip is left to the initiative of each person.

We will confirm your pre-registration upon receipt of the questionnaire below and 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 communication: '**CAMPUS + your name + WORKSHOP**'.

Registration deadline for ALL courses: 30 March 2023

This form and the questionnaire should be returned to campusformation@aladfi.com

or by post to ALADFI - 3 Chemin de la RoZe - FR 32300 MIRANDE

Done at Signature

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NEEDS ANALYSIS QUESTIONNAIRE

NAME:

FIRST NAME :

EMAIL :

DATE :

SESSION : Workshop

■ *Presentation of the document*

This document aims to understand what your objectives are for this workshop. It is for ALADFI to understand what your needs are and to best meet them within the framework of 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.

■ What are your overall expectations for participating in this workshop?

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Do you have specific topics of interest that you would like to propose working on together?

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■ Have you already participated in this kind of shared work sessions?

YES which one? : NO

■ Are you a person with a disability and/or do you need special accommodation to be able to take this training?

Yes No

If yes, please specify

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Do you have any special needs or requests for this trip (accommodation or otherwise)?

Yes No

If yes, please indicate which ones:

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