

REGISTRATION FORM

Fill out the form and then download it.

Then, send it to y.perreton@museeduchapeau.com

[Download the form](#)

Name

Surname

CONTACT

Address

Postal code

City

phone number

Country

email address

YOUR PROFESSIONAL SITUATION

Job:

Status :

☐ employe ☐ self-employed worker ☐ job seeker ☐ other:

YOUR PROJECT

For what reason(s) do you wish to participate in one or more of the proposed workshops?

☐ for your own enrichment

☐ to consider a career change

☐ to deepen one's knowledge of techniques

YOUR LEVEL OF EXPERTISE IN THE FIELD OF HATS

- ☐ I have never made a hat.
- ☐ I am a milliner.
- ☐ I'm creating a few designs without knowing the techniques.

I have completed a few training courses. If so, which ones?

Your comments :

YOUR CHOICE OF INTERNSHIPS

I would like to register for the following course(s):

date :

Your expectations regarding this internship (or these internships)

I am enclosing a deposit of euros

by bank transfer to ASS MUSEE DE LA CHAPELLERIE

IBAN : FR76 1426 5006 0008 7711 4456 829

BIC: CEPFRPP426

SIGNATURE

I undertake to pay the balance upon the start of the internship(s).