

---

## TRAINING WEEKS

---

**Program(s) you would like to register for :** .....

**Dates :** .....

### PERSONAL DETAILS (PLEASE PRINT IN CAPITAL LETTERS)

First name ..... Last name .....

Gender  F  M

Date of birth (dd/mm/yyyy): ... / ... / ... ..... Place of birth .....

Nationality .....

### MAILING ADDRESS

Street address .....

City/state/country ..... Zip code .....

Telephone (+ international dialing code) .....

Mobile (+ international dialing code) .....

Email address .....

Your job Title/Position .....

Billing Address (if different form home address) .....

### HOW DID YOU HEAR ABOUT FERRANDI PARIS?

- Facebook/Twitter
- Google search
- Newspaper
- From alumni
- Employer
- Showroom
- If other, please specific .....

Please describe briefly your culinary background and why you would like to attend the program(s) you have chosen:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

## ADDITIONAL DOCUMENTATION AND PAYMENT

In addition to the completed registration form, please include:

- a complete and up-to-date resumé/CV
- a copy of your passport or identity card
- a liability insurance coverage certificate (which stipulates the coverage for accidents or injuries to third parties, illness...) valid for the duration of the course and outside of your home country

### DEPOSIT

We require a 600€ deposit to confirm your registration. We will e-mail you payment instructions upon receipt of your registration as well as payment information and a training contract.

You may send your registration by e-mail to [ferrandi-international@ferrandi-paris.fr](mailto:ferrandi-international@ferrandi-paris.fr)

### OR BY MAIL TO

FERRANDI-Paris / Département international  
Philippe CHAMPION  
28, rue de l'abbé Grégoire  
75279 PARIS Cedex 06 - FRANCE