CERERE INSCRIERE CURS **la sala**

Doamna/ul Preşedinte

Subsemnata/ul \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, asistentă/ul medical angajat la \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, având CNP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solicit inscrierea la

 Cursul gratuit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cursul cu taxa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 din data de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Imi asum faptul ca prin neparticiparea mea la acest curs imi pierd taxa de inscriere si creditele.

Data Semnatura

CERERE INSCRIERE CURS **online**

Doamna/ul Preşedinte

Subsemnata/ul \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, asistentă/ul medical angajat la \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, având CNP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solicit inscrierea la

 Cursul gratuit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cursul cu taxa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 din luna \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Imi asum faptul ca in cursul lunii \_\_\_\_\_\_\_\_\_\_\_\_\_voi parcurge aceste cursuri, in caz contrar imi pierd taxa de inscriere si creditele.

Data Semnatura