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| **Unité Inserm** | **Nom** | **Prénom** | **Sexe** | **Date de Naissance** | **Téléphone (mobile de préférence)** | **E-mail** | **Course** | **Tarif** | [J'ai lu et accepte la charte de bonne conduite](https://jemeliguecontrelecancer31.net/wp-content/uploads/2021/06/Charte-de-Bonne-conduite-JML_2021-1.pdf) |
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