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| Tipo de Actividad Capacitación Reunión Otro | | | | | | | | |
| Tema: | | | | | Responsable / Orientador / Moderador | | | |
| Objetivo: | |  | | | | | | |
| Fecha: | | | Hora inicio: | Hora final: | | Lugar: | | |
| No. | Nombres y Apellidos | | Cédula | Institución / Entidad | | Teléfono | Correo Electrónico | Firma |
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