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| **Sede:**   |  |  |  |  | | --- | --- | --- | --- | | Barcelona |  | San Antonio |  | |  |  |  |  | | Boquemonte |  |  |  | | **Lugar:** | **Facilitador:** |
| **Fecha:** | **Hora:** |

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| **CONVOCADOS/ASISTENTES** | | | |
| **Nombre** | **Programa / Dependencia** | **Documento de identificación** | **Código** |
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| **TEMA A TRATAR:** |  |
| **RELATO DE LOS HECHOS** | |
|  | |
| **COMPROMISO** | |
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| **FIRMAS DE LAS PARTES** | |
| **Nombre** | **Firma** |
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