**LISTA DE ASISTENCIA.**

**Sección No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **FECHA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| **No.** | **Nombre** | **Inscripción a:** | **Correo electrónico** | **Teléfono** | **Firma** |
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