**Acta 4**

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| **FECHA DE REUNIÓN:** | 2024-10-07 | | |
| **LUGAR DE REUNIÓN:** | Gobernación del meta | | |
| **HORA DE INICIO:** | 12:23 | **HORA FINAL:** |  |
| **CONVOCA:** |  | | |
| **DEPENDENCIA:** | Dirección de Gestión del Riesgo del Meta | | |

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| **OBJETIVO DE LA REUNIÓN Y/O TEMAS A TRATAR:** |
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| **DESARROLLO DE LA REUNIÓN:** |
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| **CONCLUSIONES:** |
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| **INTEGRANTES DE LA REUNIÓN**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **NOMBRE COMPLETO** | **CÉDULA** | **EXTERNO** | **TELEFONO** | **CORREO ELECTRÓNICO** | **FIRMA** | | Juan Perez | 123123123 | Si | 124234123123 | asd@asdas.gob.co |  | |