### **PROYECTO PHPHONE**

**Formato de Asistencia a Capacitaciones**  
 **Módulo [\_\_\_] de 5**

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| **Nº** | **Nombre del Participante** | **Firma** |
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**Fecha:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Facilitador:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Lugar:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_