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|  | Référence : FORM-ABV-DMOS-021 / **5** |

**Liste d’émargement**

**Initiateur :**

**Service :**

**Aire thérapeutique :**

**Identifiant :**

**Nom de l’évènement :**

**Date(s) de l’évènement :**

**Lieu de l’évènement :**

|  |  |
| --- | --- |
|  | Référence : FORM-ABV-DMOS-021 / **5** |

| **L**  **p.** | **Nom** | **Prénom** | **Titre** | **Rôle de**  **l’invité** | **Adresse 1** | **Code postal** | **Ville** | **Spécialité**  **1** | **RPPS** | **Sans Avantage** | **Signature** |
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