**FAMILIAS FUERTES, COMUNIDADES CON TODO**

**LISTA DE ASISTENCIA DE SESIONES DE TRABAJO**

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| Sede: |  |  |  | Fecha: |  |  |  |
|  | Municipio | Comunidad |  |  |  |  |  |

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| NO. | NOMBRE COMPLETO | TELÉFONO | CORREO ELECTRÓNICO |
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Nombre y firma

Nombre y firma

Responsable comunitario:

Responsable institucional: