**REGISTRO DE ASISTENCIA**

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| **INICIATIVA :** |  | | | | |
| **ACTIVIDAD :** |  | | | | |
| **FECHA :** |  | HORA  INICIO |  | HORA  TÉRMINO |  |
| **ENCARGADO/A ACTIVIDAD :** |  | **FIRMA** |  | | |

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*\* Según corresponda*

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*\* Según corresponda*