**HOJA DE FIRMAS DE ASISTENCIA A ACCIÓN FORMATIVA**

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| **CODIGO ACC. FORM.:** |  |
| **NOMBRE ACC. FORM:** |  |
| **FECHA** |  |
| **HORA** |  |

| **NOMBRE**  | **APELLIDO1** | **APELLIDO2**  | **DNI** | **FIRMA** |
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