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| **LUGAR Y FECHA** |  |
| **TEMA** |  |
| **LINEA / EJE DE CAPACITACIÓN** |  |
| **NOMBRE DEL PONENTE** |  |
| **PROCESO QUE CONVOCA** |  |
| **HORA INICIO** |  | **HORA FIN** |  |

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| **No.** | **NOMBRES** | **CARGO** | **DEPENDENCIA / PROGRAMA** | **FIRMA** |
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