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| Logo Igac_color_vert | REGISTRO DE ASISTENCIA A EVENTOS DE CONTRATACIÓN**GESTIÓN CONTRACTUAL** | FECHA |
| AAAA-MM-DD |
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| Ciudad: |  | Hora: |  | Sitio: |  |  |
| Modalidad de Selección: |  | Proceso de contratación No. |  |  |
| Tipo de evento: |  | Evento atendido por: |  |  |
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| EMPRESA – RAZÓN SOCIAL | NOMBRE PARTICIPANTE | DIRECCIÓN | TELÉFONO | FAX | FIRMA |
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