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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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