SENA

REGISTRO DE ASISTENCIA No- DEL DÍA_____ DEL MES DE 06 DEL AÑO 20

OBJETIVO (S)

| No. | NOMBRES Y APELLIDOS | No. DOCUMENTO | PLANTA | CONTRATISTA | OTRO ¿CUAL? | DEPENDENCIA/ EMPRESA | CORREO ELECTRÓNICO | TELEFONO/EXT SENA | AUTORIZA GRABACION | FIRMA O PARTICIPACION VIRTUAL |
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