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| **Tipo de Reunión** |  |  | |  | Codigo del Proyecto |  |
| **Fecha** |  | Hora | |  | Lugar |  |
| NOMINA DE ASISTENTES | | | | | | |
| **Nombre** | | | **Institución / Cargo** | | | |
| Sra. | | |  | | | |
| Sr. | | |  | | | |
| Sra. | | |  | | | |
| Sr. | | |  | | | |

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| TABLA | |
| **Nro.** | **TEMA** |
| 1 |  |
| 2 |  |
| 3 |  |

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| FIRMA DE ASISTENTES | |  |
| **Nombre** | **Institución / Cargo** | **Firma** |
| Sra. |  |  |
| Sr. |  |  |
| Sra. |  |  |

**Nombre y Firma**

**Coordinador/a del Proyecto**