**B3 – Registro de capacitados**

**Formato de registro de capacitados**

**Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (día/mes/año) Lugar:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Finca, ciudad, provincia) Nombre de la capacitación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| N° | Nombres y Apellidos | Correo electrónico | Celular | DNI | Firma |
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