Forma AVP-500121

Rev. Junio 2017

**LISTA DE ASISTENCIA**

**REUNIÓN PRE-DISEÑO**

**LUGAR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FECHA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HORA:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Res. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NOMBRE** | **FIRMA** | **COMPAÑÍA** | **TELÉFONO** |
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