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| **ACTA No.** | **FECHA :** |  |
| **LUGAR :** |  |
| **HORA :** |  |
| **TEMA** |  | |

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| DESARROLLO DE LA REUNIÓN |
| Firmas que verifican.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Delegado Secretaria de Cultura Testigo 1 Testigo 2 |