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| **FORMULARIO DE REGISTRO** | | | | | | | | | | | | | | | | |
| Llene y envíe por correo electrónico a:  congreso.fca@uabjo.mx | | | | | | | | | | | | | | | | |
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| Datos del participante | | | | | | | | | | | | | | | | |
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| Nombre: | |  | | | | | | | | | | | | | | |
| Grado Académico: | | |  | | | | | | | | | | | | | |
| Domicilio particular: | | |  | | | | | | | | | | | | | |
| Ciudad: |  | | | | Estado: | | | | |  | País: | | | |  | |
| Teléfono: | |  | | | Fax: | | | | |  | R.F.C.: | | | |  | |
| Correo Electrónico: | | |  | | | | | | | | | | | | | |
| Institución de Procedencia: | | | |  | | | | | | | | | | | | |
| Modalidad de participación: | | | |  | | | | | | | | | | | | |