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|  | **GESTIÓN DE PROYECTOS DE DESARROLLO TERRITORIAL** | | | | | | | | | | | | | |  |
|  | **CURSO DE FORMACIÓN CONTINUA** | | | | | | | | | | | | | |  |
|  | **Junio 3-30, 2016** | | | | | | | | | | | | | |  |
|  | **F I C H A D E I N S C R I P C I O N** | | | | | | | | | | | | | |  |
|  | **DATOS PERSONALES** | | | | | | | | | **FECHA** | **día** | **mes** | **año** |  |  |
|  | **Apellidos** | | | | | | | | **Nombres** | | | | | |  |
|  | **Fecha Nacimiento:** | **dia** |  | **mes** |  | **año** |  |  | **Genero** | | **F** | **M** |  | |  |
|  | **Nº Cedula** |  |  |  |  |  |  |  |  |  |  |  | | |  |
|  | **Estudios Superiores:** | | | | | | | | | **Título:** | | | | |  |
|  | **Institución/Org. Labora:** | | | | | | | | | **Función:** | | | | |  |
|  | **Dirección:** | | | | | | | | | | **Ciudad** | | | |  |
|  | **Telfs. (oficina)** | | | | | | | | | **E-mail:** | | | | |  |
|  | **Nº Celular:** | | | | | | | | | **Otro Telf.** | | | | |  |
|  | **EXPERIENCIA DESARROLLO** | | | **Si** |  | **No** |  | **En caso afirmativo** | | | |  |  | |  |
|  | **Campo o Área:** | | | | | | | | | | | | | |  |
|  | **Programa/Proyecto:** | | | | | | | | | | | | | |  |
|  | **DESDE:** | **dia** |  | **mes** |  | **año** |  |  | | | | | | |  |
|  | **Ubicación experiencia:** | | **Provincia:** | | | | | | **Cantón/Ciudad** | | | | | |  |
|  | **Breve Descripción:** | | | | | | | | | | | | | |  |
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|  | **Enlace Web/ Blog -referencia-** | | | | | | | | | | | | | |  |
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|  | **Complete la información solicitada y remítala hasta máximo el Jueves 2de junio de 2016, a las 12 mediodía a: Sofía Zumárraga szumarraga@ups.edu.ec UPS - Sede Quito** | | | | | | | | | | | | | |  |
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