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|  | Ficha de Inscripción ASISTENTES NACIONALES PRESENCIALES – VIRTUALES  Simposio Internacional de Ecografía  Gineco-Obstétrica Y Medicina Materno Fetal | |  |
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| FECHA REALIZACIÓN: | | 4, 5 Y 6 DE OCTUBRE DE 2023 | |
| LUGAR REALIZACIÓN: | | HOTEL PLAZA REAL | |

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| **DATOS PERSONALES** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Nombre y apellido: |  | | | | |  |  |  |  |  | | Especialidad: |  | | |  | |  |  |  |  |  | | Lugar de trabajo: |  | | |  | |  |  |  |  |  | | Localidad: |  | | |  | |  |  |  |  |  | | Correo-electrónico: |  | | | | |  |  |  |  |  | | Teléfono: |  | | |  | | | |  |

CUIL/CUIT:

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| **FORMA DE PAGO** | | | | | | | |
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| 🞏 | Banco Credicoop CA$ CBU 1910288555128802111035  CUIT 23-12134493-9 | | |  | |  | |
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| **🞏** | Presencial en Dorrego 227- Rosario Tel C +54 9 341399 9931 |  |  | | | | |
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|  | **En caso de Transferencia Bancaria o Deposito enviar comprobante a:** [**simposiomfrosario@hotmail.com**](mailto:simposiomfrosario@hotmail.com) **(agregar Domicilio)** | | | |  | | |