

**FICHA INSCRIPCIÓN**

**VISITA MEDIADA MUESTRA**

**REGIONAL DE ARTE CONTEMPORÁNEO**

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| **Institución** |  |

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| **Dependencia** | | | | | | | |
| **Municipal** |  | **Subvencionado** |  | **Particular** |  | **Independiente** |  |

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| **Fecha visita** |  | **Horario visita** |  |

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| **Nivel Educativo**  **Curso o edad** |  | **Número total participantes** |  |
| **N° hombres** |  | **N° mujeres** |  |

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| **Número de adultos responsables del grupo** |  | |
| **Autoriza el registro fotográfico de las y los participantes durante su visita al museo para difusión en medios impresos y digitales de nuestra institución.** | Si\_ | No\_ |
| **Teléfono de contacto en caso de suspensión** |  | |

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|  | **Nombre** | **RUT.** |
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