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| **Dirección:** |       |
| **Localidad:** |       |
| **Persona contacto:** |       |
| **Teléfono:** |       |
| **Correo electrónico:** |       |

**Una sesión de 50 minutos por aula.**

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| **Fecha** | **Horario** | **Nivel y Aula** | **Nº Alumnos/as** | **Profesor responsable** |
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**Enviar cumplimentado a** **prdces@cantabria.es**