**ATA DE OCORRÊNCIAS**

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| **Data:** \_\_\_\_/11/2019**Momento da Conferência no qual aconteceu a ocorrência:**1. ( ) Credenciamento
2. ( ) Cerimônia de Abertura
3. ( ) Plenária de Aprovação do Regimento Interno
4. ( ) Mesa de Moções
5. ( ) Grupo de Trabalho do Eixo \_\_\_\_
6. ( ) Plenária Final
7. ( ) Encerramento

**Nome do responsável pelo preenchimento:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Relate qualquer tipo de interferência no decorrer dos trabalhos da Conferência.

Por exemplo: mudanças nos procedimentos recomendados, seja na ordem de execução das etapas, seja na condução das etapas; sugestão de alteração dos procedimentos recomendados por parte dos participantes; entre outros.

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| **nº** | **Nome** | **Assinatura** |
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