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| **Liste der Teilnehmenden** |

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| Bezirk: | |  | | Ortsverein: |  | | |
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| Titel der Veranstaltung: | | |  | | | | |
| Referentin / Referent: | | |  | | | | |
| Datum erster Veranstaltungstag: | | |  | | von – bis Uhr: |  | |
| Datum letzter Veranstaltungstag: | | |  | | von – bis Uhr: |  | |
| Anzahl der Veranstaltungstage: | | |  | | Teilnehmerzahl: |  | |
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| Lfd. Nr. | Name, Vorname | | | Wohnort | | | Mit meiner Unterschrift  bestätige ich die Teilnahme. |
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