

# Lista

ANEXO 4

de captación

TALLER PARA DEJAR DE FUMAR

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| **Nombre** | **HCAP** | **CIP** | **Teléfono** | **Correo electrónico** | **Horario contacto** |
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*2ª edición: junio 2020* · Guía de INTERVENCIÓN GRUPAL EN TABAQUISMO 65