**Załącznik Nr 2 do Zapytania Ofertowego**

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| **PROGRAM SZKOLENIA** | | | | | | | | | | | | | | | | |
| NAZWA ZADANIA | | SZKOLENIA ZAWODOWE | | | | | | | | | | | | | | |
| NAZWA SZKOLENIA | | **Pracownik ochrony** | | | | | | | | | | | | | | |
| REALIZATOR | |  | | OSOBA PROWADZĄCA | | |  | | | | | | | | | |
| WYMAGANE BADANIA PROFILAKTYCZNE  DLA UCZESTNIKÓW SZKOLENIA (Lekarz medycyny pracy, Sanepid, itp.) | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **LP** | **PROGRAM SZKOLENIA** | | | | **LICZBA GODZIN** | **DATA** | | | | | | | | | | |
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Data i podpis oferenta