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| **Para Prosseguimento da Solicitação Todos os Campos Deverão Ser Preenchidos** | | | | | | | | |
| UNIDADE SOLICITANTE: | | | | | | | DATA: | |
| RESPONSÁVEL: | | | | | | | RAMAL: | |
| TEMA: | | | | | | | | |
| AUDITÓRIO/SALA: | | | | | | | | |
| DATA DO EVENTO: | | HORÁRIO INICIO: | | | | HORÁRIO FIM: | | |
| PALESTRANTE/PROFESSOR(A): | | | | | | | | |
| ASSESSOR(A) / SECRETÁRIO(A): | | | | | | | | |
| ENDEREÇO ELETRÔNICO: | | | | | TELEFONE: | | | |
| SOLICITAÇÕES: | ( ) PASSAGEM AÉREA | | ( ) HOSPEDAGEM | ( ) TRASLADO | | | | ( ) ESCOLTA TJRJ |

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| **PASSAGEM AÉREA** | | | | **PERIODOS PARA OS VOOS** | | |
|  | DATA | TRAJETO | AEROPORTO | MANHÃ | TARDE | NOITE |
| IDA |  |  |  |  |  |  |
| VOLTA |  |  |  |  |  |  |

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| **HOSPEDAGEM** | |
| DATA DA ENTRADA (CHECK-IN) | DATA DA SAÍDA (CHECK-OUT) |
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| **TRASLADO** | | | |
| DATA | HORA | ORIGEM | DESTINO |
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|  |  |  |  | DATA: | | | |  | | | | | | / |  | | | | | | / |  | | | | | |  |  |  |  |  |  |  |  |
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| DIRETOR-GERAL DA EMERJ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |