|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.NO** | **FAALİYET NO** | **EĞİTİMİN KONUSU** | **KATILACAK PERSONELİN** **ADI VE SOYADI** | **FAALİYET TARİHİ** | **SÜRE** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |