

DADOS PESSOAIS



NOME:



ENDEREÇO:



CIDADE/ESTADO:



CELULAR:



E-MAIL:



CONTATO DE EMERGÊNCIA:



TIPO SANGUÍNEO:



ALERGIAS/PROBLEMAS DE SAÚDE:

••• LOCAL DE ESTUDO/TRABALHO •••



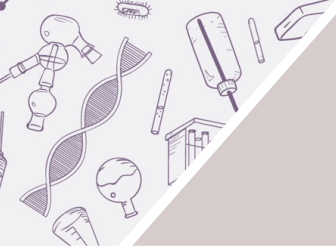
NOME:



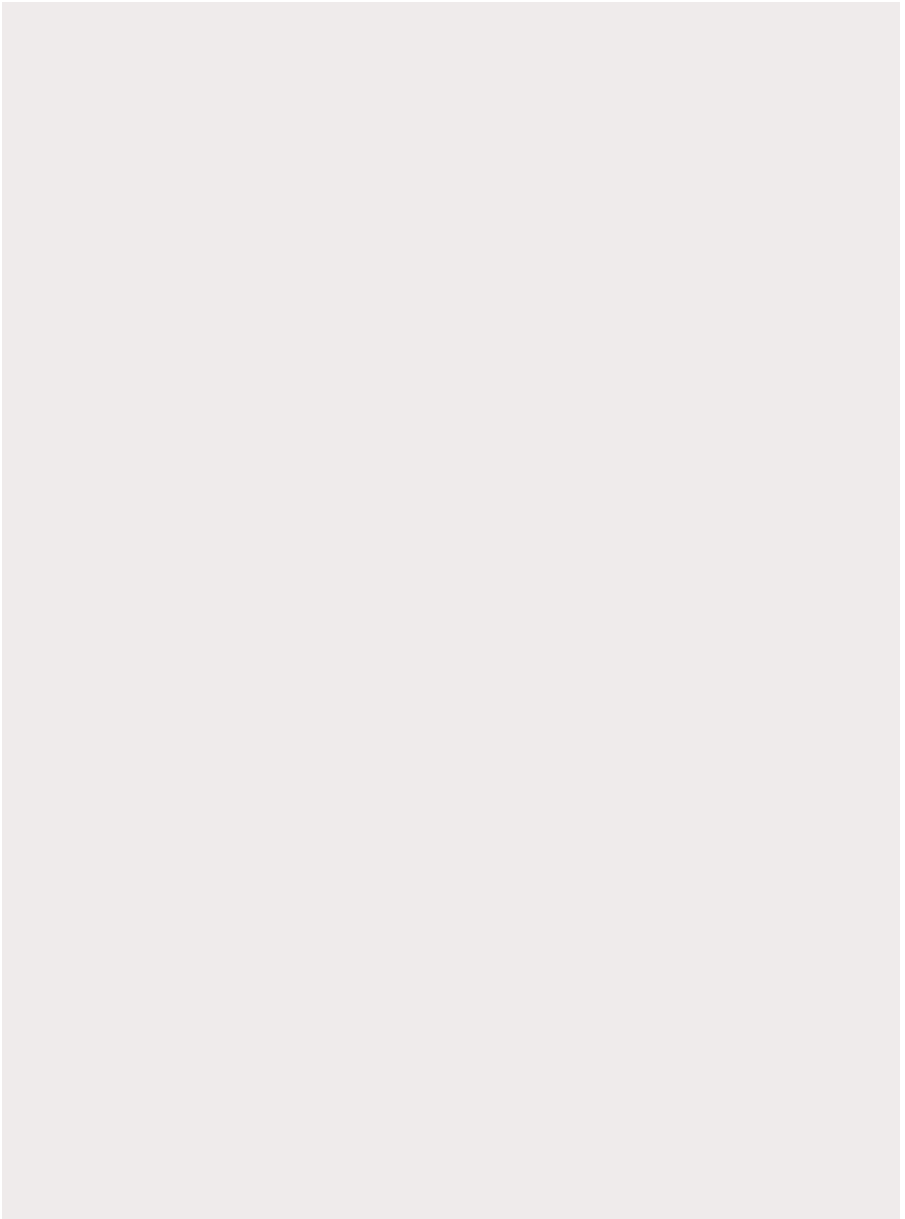
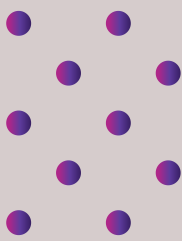
ENDEREÇO:



CURSO/CARGO:



METAS

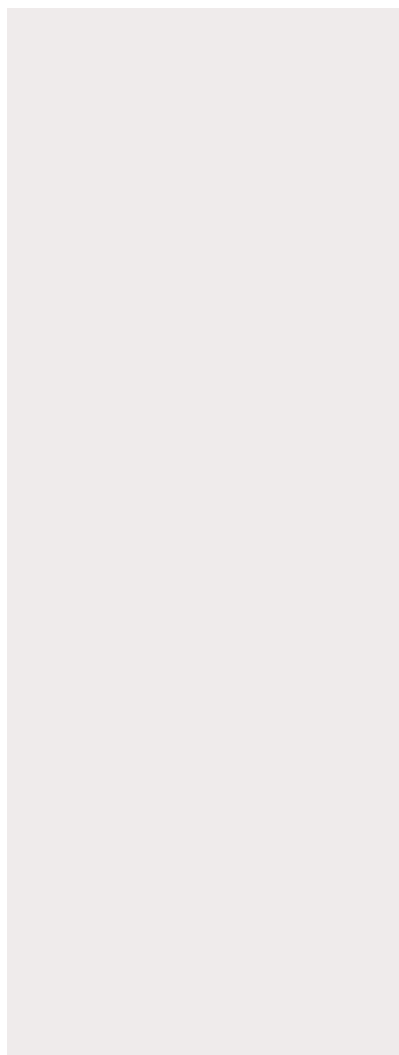
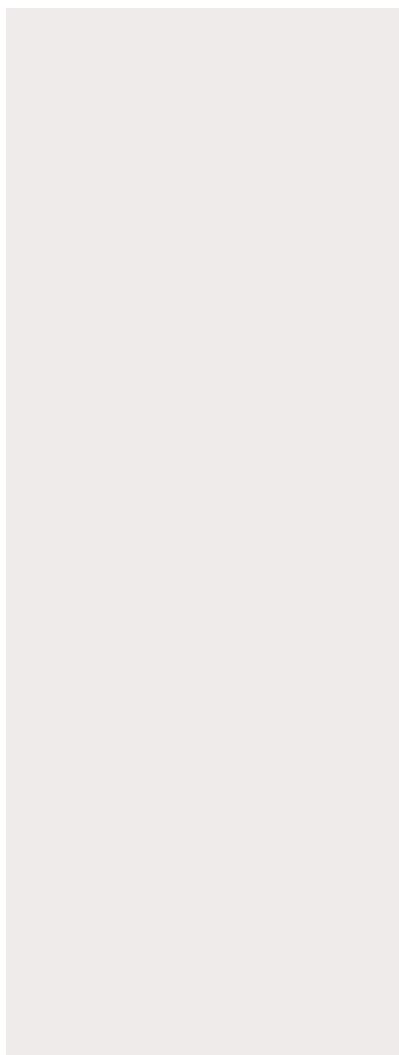




QUERO

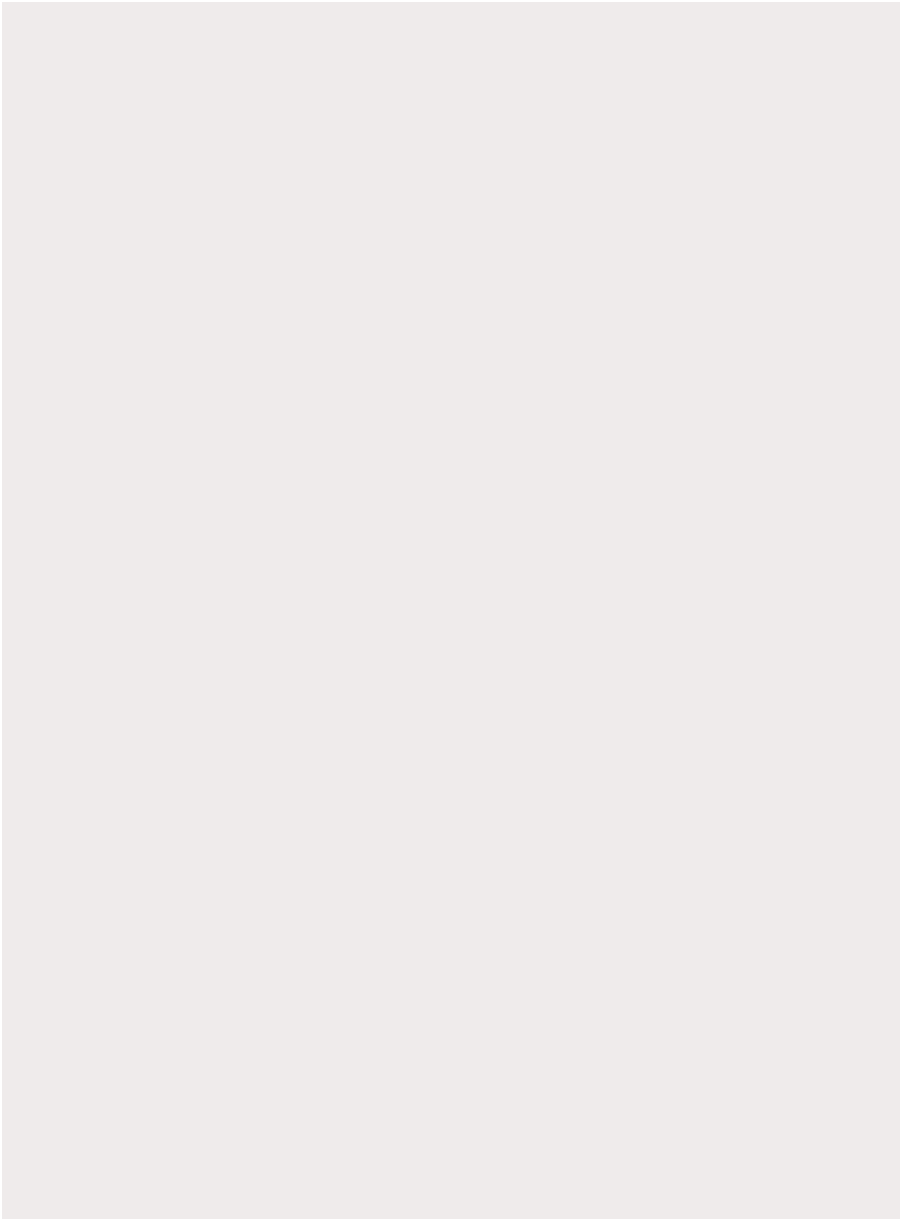
X

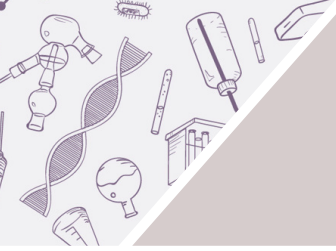
PRECISO



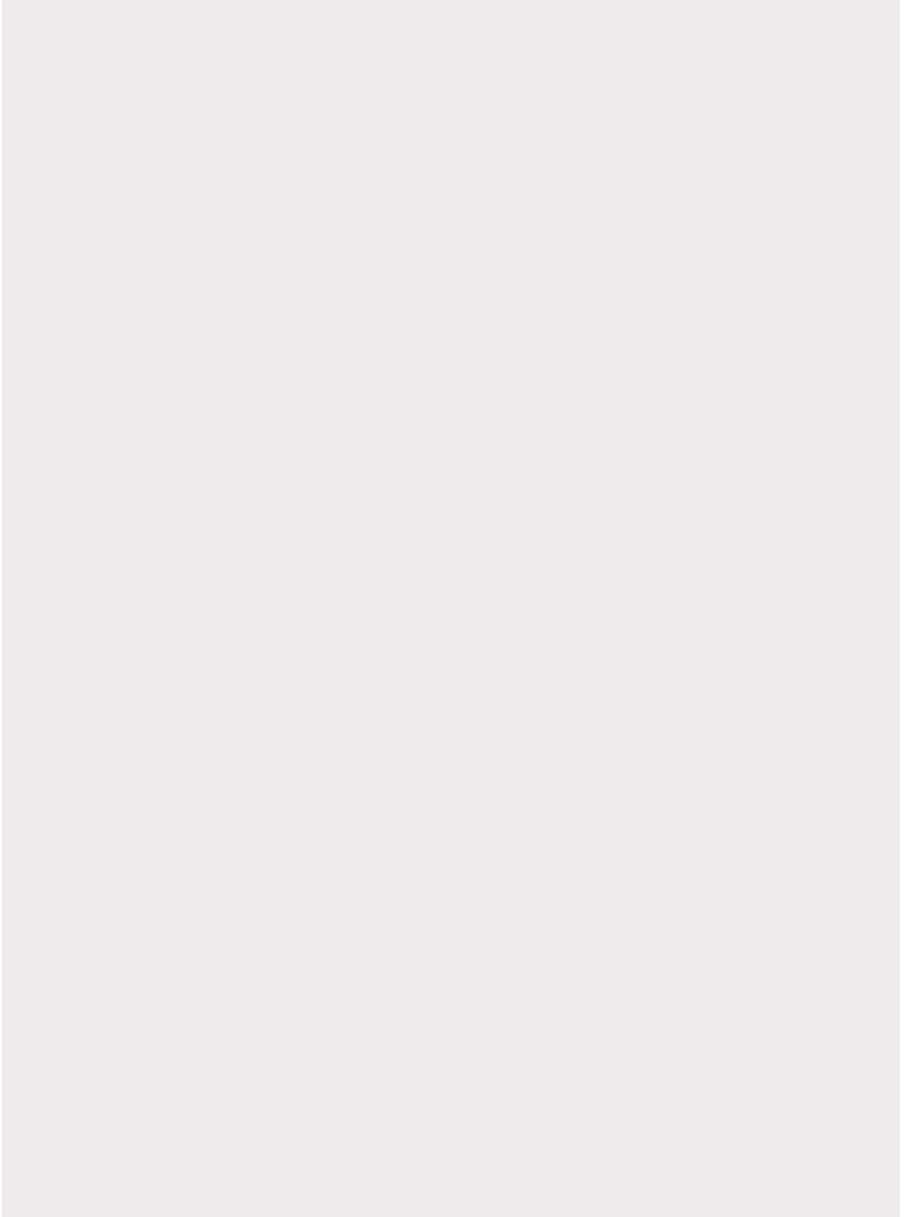
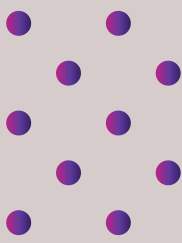


IDEIAS E INSPIRAÇÕES





LIVROS

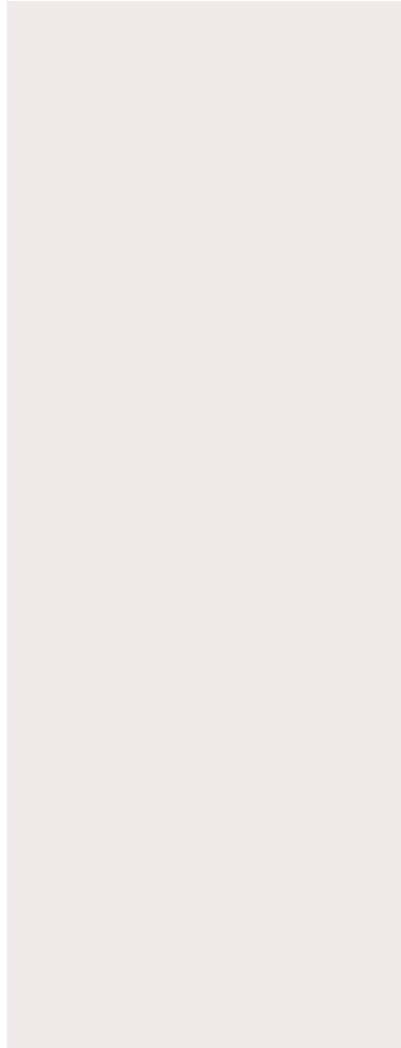
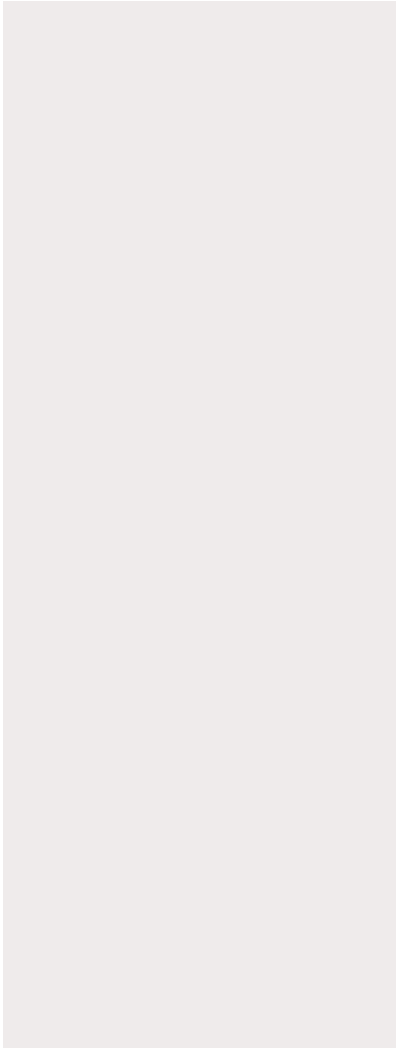




FILMES

E

SÉRIES



CONTROLE FINANCEIRO

Despesas

Valor

.....

Renda

Valor



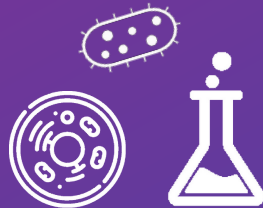
RESUMO DO MÊS





2021

PLANEJAMENTO ANUAL



JANEIRO

FEVEREIRO

MARÇO

ABRIL

MAIO

JUNHO

JULHO

AGOSTO

SETEMBRO

OUTUBRO

NOVEMBRO

DEZEMBRO



Encontro Nacional de Biomedicina