附件一： 培训班报名回执

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| 单位名称 |  | | | | | 邮 编 | |  |
| 通信地址 |  | | | | | 联系人 | |  |
| 电 话 |  | | 传 真 |  | Email |  | | |
| 姓 名 | 性别 | 职务 | | 手机 | | | 是否住宿 | |
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| 参加班别 |  | | | | | | | |
| 您最关注的内容或需解决的疑难问题 | | | | | | | | |

联系人： 注：此表复制有效、并加盖公章