附件1：

培训班报名回执表

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| 单位名称 | |  | | | | 社会信用代码 | |  | |
| 联系人 | |  | 电话 | |  | 手机 |  | 传真 |  |
| 地址 | |  | | | | | | 邮箱 |  |
| 参加培训课程名称 | |  | | | | | | | |
| 姓名 | 性别 | 学历 | | 职务/职称 | | 从业年限 | 身份证号码 | | 手机 |
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注：此表复印有效。培训中心按照报名先后顺序安排。­