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。­