**培训班报名回执**

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| 申请单位 | |  | | | | |
| 详细通信  地 址 | |  | | | 邮编 |  |
| 联 系 人 | |  | 联系电话 |  | 传真 |  |
| 序号 | 姓 名 | 性别 | 职位 | | | 备注 |
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| 拟参加时间 | |  | | | | |
| 拟参加地点 | |  | | | | |
| 备注 | |  | | | | |