**附件**

**参训人员回执**

单位名称(盖章): 年 月 日

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| 联系人 ： | |  | | 联系电话： | |  | |
| 开票单位名称 纳税识别号 | |  | | | | | |
| 电子邮箱 | |  | | | | | |
| 参训人员信息 | | | | | | | |
| 姓名 | 性别 | 民族 | 身份证号码 | 职务 | 联系电话 | | 单住/双 住 |
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