**基础培训报名回执表**

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| **单位名称** | |  | | | | | | | | | |
| **通信地址** | |  | | | | | | | | **邮编** |  |
| **培训负责人** | |  | | **电话** | |  | | | | **传真** |  |
| **电子邮箱** | |  | | | | | | | | | |
| **参会人员信息** | | | | | | | | | | | |
| **姓名** | **性别** | | **身份证号码** | | **是否食宿** | | | **联系电话** | **电子邮箱** | | **备注** |
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| **签名：** | | | | | | | **日期：** | | | | |

**注：此表可复制使用.**