附件

参会回执表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 工作单位 | 职务/职称 | 手机号码 | 是否参加15日上午实操培训 | 是否住宿 |
| 1 | 　 | 　 | 　 | 　 | 　 |  |  |
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