**报名回执表**

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| 单位名称 |  | | | | 参加期数 |  |
| 学员姓名 | 性别 | 职 务 | 电 话 | 传 真 | 手 机 | 电子信箱 |
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| **报名程序：**  请将报名回执表填写完整后发送至409109603@qq.com  联系人：蒋老师 手机（微信同步）：15110160999  备注：学院谢绝学员携带家属和小孩，谢谢！ | | | | | | |