附件：

培训回执表

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| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | |
| 通讯地址 |  | | | | |
| 联系人 |  | 职 务 | |  | |
| 移动电话 | |  | |
| 培训人员姓名 | | 职 务 | 电 话 | | 备 注 |
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| **备注** | 报名回执务必于9月23日17:30前发至邮箱[ordosjx@qq.com](mailto:ordosjx@qq.com) | | | | |