附件

参加培训人员回执表

 市

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| **姓名** | **性别** | **职务**/**职称** | **单位名称** | **手机号码** |
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| **备注** | 1.请各市统一填写并发邮箱sdltglk@126.com；2.检查站站长单位名称填写检查站名称。 |