**报名回执表**

经研究，我单位选派下列同志参加学习： （加盖单位公章）

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| 单位名称 |  | 邮 编 |  |
| 通讯地址 |  |
| 联 系 人 |  | E-mail |  |
| 电 话 |  | 传 真 |  |
| 参会代表 | 职务/部门 | 手机/电话 | E-mail | 房间 |
| 合住  | 单间 |
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