附件：

报名回执表

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| **单位名称** |   |
| **联 系 人** |  | **固话** |  | **手机** |  |
| **教 材****快递地址**  |  | **E-mail** |  |
| **序号** | **姓名** | **性别** | **学历** | **岗位/职务** | **身份证号码** | **手机** |
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| **参培单位发票开票信息** |
| **单位名称** |  | **纳税人识别号** |  |

**注：请务必于2022年12月5日前将回执及汇款凭证发送至邮箱hnhbcypx@126.com。**