附件：

报名回执表

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| **单位名称** | |  | | | | | | | | | | | |
| **联 系 人** | |  | | **手机** | |  | | | | **邮箱** |  | | |
| **详细地址** | |  | | | | | | | | | | | |
| **培训工种** | | | | | 除尘工 | | | | **参训人数** | | |  | |
| **序号** | **姓名** | | **性别** | | **学历** | | **职务/职称** | **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2023年5月11日前将回执发送至邮箱hnhbcypx@126.com。**