附件：

报名回执表

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| **单位名称** | | （加盖公章） | | | | | | | | | | | | |
| **联 系 人** | |  | | **固话** | |  | | | **手机** |  | | | | |
| **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2020年5月19日前将回执及汇款凭证发送至邮箱hnhbcypx@126.com。**