附件1

参训人员回执

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| --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **单位名称** | **职务** | **联系电话** | **是否住宿** |
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1.如有驾驶人员，请一并填写；

2.请于11月26日12：[00前将回执发至邮箱:746210@qq.com。](mailto:00前将回执发至邮箱cqnjzbc@163.com)