**参加培训回执单**

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| **企业名称** |  | | | | **联系人** |  |
| **通讯地址** |  | | | | **邮 编** |  |
| **联系电话** |  | **手机** |  | | **传 真** |  |
| **姓 名** | **性 别** | **职 位** | | **手 机** | | |
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| **是否需要住宿** | | **需要（ ） 不需要（ ）** | | | | |