附件 2

社区教育工作者能力提升培训报名表

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| --- | --- | --- | --- |
| 单位名称 |  | 经办人 |  |
| 联系电话 |  | 职务 |  |
| 通信地址 |  |
| 参训人员信息 |
| 姓名 | 职务 | 电话 | 邮箱 | 单位名称 | 纳税识别号 |
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