附件1：

**报名回执**

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| 单位名称 | |  | | | | | |
| 纳税人识别号 | |  | | | | | |
| 联系人姓名 |  | 职务 |  | | 邮箱 | |  |
| 电话 |  | 发票内容 | 培训费/会议费 | | | | |
| 参训人员姓名 | 职务 | 性别 | | 联系电话 | | 邮箱 | |
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