附件2：

培训回执

单位： 联系人：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 职称/职务 | 联系方式 | 备注 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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| 4 |  |  |  |  |
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| …… |  |  |  |  |