附件：

**培训班回执表**

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| 姓名 | 工作单位 | 联系方式 | 参会时间 |
| 10月中旬 | 10月下旬 | 11月上旬 |
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| 备注：请在参会意向中选择打“√”，准确填写手机联系方式，发短信通知 |

回执邮箱：**936659072@qq.com**