附表1

会员单位研修培训班报名汇总表

填表日期： 单位盖章： 培训期次： 编号：

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| 单位名称 | |  | | | | | 单位性质 | | |  | | |
| 企业代码证号 | |  | | | | | 单位网址 | | |  | | |
| 单位负责人 | |  | | 电话 |  | | 培训负责人 | |  | | 电话 |  |
| 序号 | 姓名 | 性别 | 身份证号 | | | 职务 | 职称 | 有无证书 | 证书编号 | | | 联系电话 |
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