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| 附件 | | |  | |  | |  | |  | | |  | |
| **报 名 回 执**  单位（公章）： | | | | | | | | | | | | | |
| 序号 | 姓名 | 性别 | | 身份证号  （务必填写） | | 工作单位及部门 | | 专业技术 职务/职称 | | 手机 | E-mail | | 预订房间 (单住或合住) |
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| 注：1.每2位学员安排一个标间，如需单住，学员需向酒店补交差额房费；  2.回执盖章后请于10月9日前反馈至邮箱：nxhgjc@126.com， 联系电话：010-59194220。 | | | | | | | | | | | | | |