附件2

培训回执

**单位（盖章）：**

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| **参会人员姓名** | **性别** | **联系电话** | **职务** | **是否住宿** | **是否单间** |
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备注：此表可添加、复制，请将此表于2024年4月1日前发邮件至省职协学术信息部邮箱：gdzyjnb@vip.163.com。联系电话：020-83565860。