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| 附件： |  |  |  |  |
| 培训回执 |
| 序号 | 单位名称 | 姓名 | 专业技术职称  | 职业资格 | 联系电话 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |