报名回执表

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| **培训班次**  **（时间地点）** |  | | | | |
| **单位名称**  **（发票抬头）** |  | | | | |
| **纳税人识别号** |  | | | | |
| **联系人** | **姓 名** | **性 别** | **职务/职称** | **手 机** | **电子邮箱** |
|  |  |  |  |  |
| **参会人员**  **名单** |  |  |  |  |  |
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| **预订住宿** | □标间单住 | | | □标间合住 | |
| **备注** |  | | | | |

**（注：此表复制有效，填写后请发送到指定报名邮箱tcaea\_edu@126.com）**