附件

实务技能培训班报名回执

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| 单 位 |  | | | | | | |
| 联系人 |  | 电话 |  | | 邮箱 |  | |
| 学员信息 | | | | | | | |
| 姓名 | 性别 | 手机 | | 邮箱 | | | 住宿 |
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注：回执请于4月24日前发送至hebips@chinagowell.com。