**附件：**

**企业核心竞争力提升专题培训班（首期）报名回执**

联系人：\_\_\_\_\_\_\_\_\_\_\_ 联系电话：\_\_\_\_\_\_\_\_\_\_\_ 邮箱：\_\_\_\_\_\_\_\_\_\_\_

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| **姓名** | **性别** | **单　　位** | **职务** | **手机号** | **电子邮箱** | **单位全称及纳税人识别号** |
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此表可复制，请于8月22日前发送电子邮件至邮箱59571194@qq.com。