附件1：

**报名回执表**

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| 单位名称 | |  | | | | | 参会共（ ）人 | |
| 参会时间地点 | |  | | | 缴费方式 | | 现金□ 刷卡□ 转账□ | |
| 纳税人识别号 | |  | | | | | | |
| 参会人员（无特殊说明，默认第一行为领队） | | | | | | | | |
| 姓名 | 科室/职务 | | | 办公电话 | | 手机号码 | | Email |
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| 是否住宿 | | 是□  否□ | 房间总数  （ ）间 | | 住宿时间 | | 2023年\_\_月\_\_日至\_\_月\_\_日 | |
| 备注：我对此次培训班的认识期待及迫切解决的问题是什么？ | | | | | | | | |