附件：

**\_\_\_\_\_县（市、区）参加培训人员回执**

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| 序号 | 姓名 | 性别 | 身份证号 | 工作单位 | 现任职称 | 移动电话 | 是否  新办证 | 是否合开发票 | 发票抬头名称 |
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联系人： 联系电话：