**报名表**

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| \*单位名称（盖章） |  | | | | 参加人数 | |  |
| 参训人员信息 | 姓名 | 工号 | 性别 | 入职时间 | 手机 | | |
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| 备 注 |  | | | | | | |
|  | | | | | | |
| 教学单位审核意见 | 学院领导：  年 月 日 | | | | | | |