报 名 表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | | | |
| 通信地址 | |  | | | | 邮政编码 | |  |
| 电子邮件、微信 | |  | | | | | | |
| 姓 名 | | 性别 | 部 门 | | 职 务 | | 手 机 | 身份证号码 |
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| 对本次培训内容的要求及建议： | | | | | | | | |
| 发  票  信  息  请  认  真  填  写 | 单位名称 | | |  | | | | |
| 税 号 | | |  | | | | |
| 单位地址 | | |  | | | | |
| 单位电话 | | |  | | | | |
| 开户银行 | | |  | | | | |
| 银行账号 | | |  | | | | |
| 所需发票 | | | □ 增值税专用发票 □ 增值税普通发票 | | | | |