附件1

**欠发达国有农场衔接资金项目管理培训班报名回执**

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

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| **姓名** | **性别** | **单位** | **职务** | **手机号** | **邮箱** | **身份证号** | **单位全称及纳税人识别号** |
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此表可复制，请于9月3日前发送至邮箱nkpxb@163.com。