附件1

培训班报名表

填报单位（盖章）：

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| **省份** | **姓 名** | **性别** | **民族** | **单 位** | **职 务** | **联系方式** | **身份证号** |
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备注:请务必填写身份证号码，用于购买培训期间的人身意外保险。如未填或身份证错误视为放弃购买保险。

**报名表联系人： 联系电话：**