附件1

**科研骨干人员专业化能力提升培训班报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 民族 | 工作单位及职务 | 电子邮箱 | 手机 | 身份证号码 | 发票抬头 | 纳税人识别号 |
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注：1.请于11月3日（周五）下班前把报名表发送至dzrcpxb2019@163.com；

2.此表可另加页。