附件1

**农产品直播带货实战培训班报名回执**

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

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| **姓名** | **性别** | **民族** | **单位** | **职务** | **手机号** | **邮箱** | **身份证号** | **单位全称及纳税人识别号**（请与本单位财务确认，填写完整准确的开票信息） |
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此表可复制，请发送至邮箱nkpxb@163.com。