安全管理岗位能力提升培训班报名回执

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| 联系人 |  | | 单位  名称 |  | | | | | |
| 通讯  地址 |  | | | | | | | | |
| 办公  电话 |  | | 传真 |  | 手机 |  | | QQ  号码 |  |
| 姓名 | 性别 | 工作部门及职务 | | | 办公电话 | | 手机 | | 备注 |
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说明：

1. 此表可复印，请认真填写后，传回办公室邮箱存档备案:319263114@qq.com
2. 联系人：樊均杨 18310707230