经我单位研究决定派送下列同志参加培训。 科室签字（章）：

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| 单位名称 |  | | | | | | | | |
| 地 址 |  | | | | | | 邮编 | |  |
| 姓 名 | 性别 | 年龄 | 职 务 | 电 话 | | 传 真 | | 手 机 | |
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| E-mail |  | | | | QQ号码 | |  | | |

请将报表回执发送邮件至：hanbing\_hb@163.com 或传真至010-51525526