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| 附件：  **高新区专业技术人员继续教育培训报名回执** | | | | | | | | | |
| 单位填表人： 联系电话： 日 期： | | | | | | | | | |
| 序号 | 姓名 | 性别 | 身份证号码 | 联系电话 | 工作单位 | 公需课  培训年份 | 是否需要专业培训 | 专业课方向 | 专业培训年份 |
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