附件 参培回执

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| 单位名称 | |  | | | | |
| 姓名 | 性别 | 职务 | 手机号码 | 电子邮箱 | 申报课程类型 | 申报课程名称 |
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| 带队负责人姓名 | |  | 带队负责人手机号码 | |  | |
| 发票抬头 | |  | | | | |
| 纳税人识别号 | |  | | | | |

请于 2019 年12 月8日 12:00 前将本校参会回执以学校为单位统一发送到： jiangsumooc@163.com 。

省课程中心：魏青青18502565587、钱江13951990848、徐粲 13856540318。