附件:

**报名回执**

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| **参培院校（盖章）** |  | | | | |
| **开票**  **信息** | **单位全称** |  | | | |
| **纳税人识别号** |  | | | |
| **开票内容** | **培训费** | | | |
| **发票收件信息** | **收件人：** |  | | | |
| **电话：** |  | | | |
| **地址：** |  | | | |
| **参培人员** | **姓 名** | **职务/职称** | **身份证号码** | **电 话** | **邮箱** |
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**备注：**

1.回执单与6月23日18：00之前发送至duym@qtc.edu.cn；

2. 培训联系人：都老师 18953282829 包老师 18616073267

3. 报名后参训人员请加入微信群：