**附件4**

培训报名回执表

经研究，我单位安排下列同志参加学习：

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| 单位名称 |  | | | | | |
| 详细地址 |  | | | | | |
| 纳税人识号 |  | | | | | |
| 姓名 | 性别 | 职务 | 报名资格类型 | 身份证号码 | 联系电话 | 备注 |
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请于11月22日前将报名回执表发送至邮箱804293035@qq.com