**附件：**

《全省电梯维保作业人员能力提升培训班》报名回执表

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| 单位名称 | |  | | | 邮编 |  | |
| 通讯地址 | |  | | | | | |
| 联系人 | |  | | 职 务 | | |  |
| 电 话 | |  | | 传 真 | | |  |
| 开票信息 | |  | | | | | |
| 姓名 | 性别 | 职务 | 手机 | | | | 参加期别 |
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