附件3

**参训回执**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | 2017年 | 月 | 日(复印有效) |
|  |  |  |  |  |  |  |  |  |
| 工作单位 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 地 | 址 |  |  |  |  | 邮 编 |  |  |
|  |  |  |  |  |  |  |  |
| 姓 | 名 | 性 别 | 职 务 |  | 手 机 |  |  | E-mail |
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|  住 宿 | □是□否 | 住宿要求 |  | 间（单间/标间） | 间 | 晚 |
|  |  |  |  |  |  |  |  |
| 合计金额 |  | 发票单位名称 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |