车身修复新技术师资培训报名回执

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| 单位名称 | |  | | | |
| 领队 /联系电话 | |  | | | |
| 序号 | 姓名 | 性别 | 身份证号 | 联系电话 | 邮箱 |
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| 盖章处 | | | | | |
| 1. 请将该报名回执打印、盖章、[扫描后发送至报名邮箱327744589@qq.com](mailto:扫描后发送至报名邮箱254329938@qq.com) 2. 请将该报名回执Word版文件同时发送至报名邮箱 | | | | | |