附件1

创业培训师资培训班报名回执

单位名称（公章）：

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| **姓 名** | **性别** | **出生年月** | **身份证号码** | **学历** | **专业** | **单位** | **职务** | **职称** | **工作年限** | **联系电话** | **电子邮箱** |
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具体联系人： 联系电话：