中国质检行业国家计量培训中心报名回执表

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| 单位名称 | |  | | | | 传真 |  |
| 通信地址 | |  | | | | 邮编 |  |
| 报名人员 | 姓名 | | 性别 | 部门/职务 | 培训地点及内容 | 手机/电话 | 住宿 |
|  | |  |  |  |  | 是□ 否□ |
|  | |  |  |  |  | 是□ 否□ |
|  | |  |  |  |  | 是□ 否□ |
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联系人：李斌13910936590                             注：此回执复印有效，请尽快回传。