附件：

**城市垃圾分类培训班报名回执**

**汇总单位名称：**

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| 汇总单位地址 | |  | | | | 邮编 |  | |
| 联系人 |  | 电话 |  | 传真 |  | 手机 |  | |
| 联系人电子邮箱 | |  | | | | | | |
| 参加培训人员名单 | | | | | | | | |
| 姓 名 | 性 别 | 民 族 | 单位名称及职务 | | 手 机 | 邮 箱 | | 备注 |
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注：1.培训费（1000元/人）可现场交纳现金、刷公务卡或提前汇款。

2.本表可打印复印，手机号码仅作为会议联系使用。