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| 网络视听节目主持人培训班 报名回执 | | | | | | | | | |
| 单位名称 |  | | | | | | | | |
| 地址 |  | | | | | | | | |
| 联系人 |  | | 联系电话 |  | | | E-mail |  | |
| 参会人员信息 | | | | | | | | | |
| 序号 | 姓名 | 性别 | 身份证号 | | 部门 | 岗位 | 手机 | 微信 | E-mail |
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特殊要求：（如因宗教、信仰等有饮食及生活起居等方面要求请提在此处通知我们）