附件：

**报 名 回 执 表**

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| **单位名称** |  | | | | | | | | |
| **通讯地址** |  | | | | | | | | |
| **联 系 人** |  | | **电话** | |  | | **E-mail** | |  |
| **姓名** | **性别** | **身份证号** | | **学历/专业** | | **职称/评审时间** | | **手机** | |
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注:请填写报名回执表发至邮箱：[1327604847@qq.com](mailto:1327604847@qq.com)

联系人：胡敏 郑思杰 联系电话：028-86702763