**城市更新培训班报名回执表**

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| 联系人姓名 | |  | | 手 机 | |  | | 邮 箱 |  | |
| 单位名称 | |  | | | | | | | | |
| **姓名** | **性别** | | **单位及职务职称** | | | | **手 机** | | | **参加期次**  **（第几期）** |
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| **单位发票名称**（必填） | | | | |  | | | | | |
| **纳税人识别号或单位社会信用代码**（必填，如无需此项请注明） | | | | | | |  | | | |

注：1.此表不够，可自行复制；

2.通过银行汇款缴纳培训费的学员请携带汇款凭证复印件，以便开具发票。