全面实施城市更新行动专题培训班报名回执表

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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 | |
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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 | | | | |  | | |

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打印件，以便开具发票；

3.报名邮箱：admin@csgxlm.com