**附件：参加培训回执**

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| **姓名** | **性别** | **民族** | **年龄** | **证件类型** | **证件号码** | **职称** | **职务** | **最高**  **学历** | **最高学位** | **所在**  **省市** | **所在单位** | **通讯地址** | **邮政编码** | **联系电话** | **电子邮箱** |
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（可自行添加行）

**请务必准确填写各项信息，请勿遗漏。**

**请各单位于2019年4月12日16:00前将参加培训人员回执发送至会务组邮箱（dyb@pkuh6.cn）或传真至010-62026310**