**等保培训班报名回执**

***（请参加培训的人员详细填写报名表，通过电子邮件回复）***

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| 工作单位 | |  | | | | 联系人 |  | | | 电话 | |  | |
| 证书邮寄地址 | | |  | | | | | | 邮编 |  | | | |
| 联系人邮箱 | | |  | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 学历 | 籍贯 | 身份证号码 | | 部门 | 职务 | | | 手机号码 | | 电子邮箱 |
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| **备注：** | | | | | | | | | | | | | |

注：新参训人员每人需交2张**大一寸**彩照。