附件1

2024年度第四期水生产处理工培训班回执

填报单位： （盖章）

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| 期数 | 姓 名 | 性别 | 出生年月 | | 身份证号 | 文化程度 | 职称 | 联系电话 |
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| 证书回邮地址  （资料交齐的学员周五考核后可以正常发放，特殊情况下将邮寄到此地址） | | | |  | | | | |
| 邮 编 | | | |  | | | | |
| 收件人 | | | |  | | | | |
| 手 机 | | | |  | | | | |

填报人： 联系电话：