附件：

**环境保护设施运行人员培训班报名回执表**

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| 单位名称 |  | 纳税人识别号 |  |
| 联系人 |  | 电话 |  | 手机 |  | 传真 |  |
| 地址 |  | 邮编 |  |
| 参加培训工种 |  | 培训时间 |  |
| 姓名 | 性别 | 学历 | 职务/职称 | 从业年限 | 身份证号码 | 手机 |
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注：此表复印有效。培训中心按照报名先后顺序安排。