**质量战略培训班报名回执**

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| 申请单位 | |  | | | | | | | | |
| 详细通信  地 址 | |  | | | | | | 邮编 | |  |
| 联 系 人 | |  | | | 联系电话 |  | | 传真 | |  |
| 序号 | 姓 名 | 性别 | 职称 | | 学历 | 工作年限 | 是否食宿 | | QQ | |
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| 备注（饮食有何禁忌） | | | |  | | | | | | |

注：此表可传真或邮寄，复印有效。