附件2：“社区社会工作服务管理人才高级研修班”

**报名回执表**

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| **单位信息** | | | | | | | | |
| **单位名称** | | | |  | | | | |
| **联 系 人** | | | |  | **联系电话** | |  | |
| **电子邮箱** | | | |  | **传 真** | |  | |
| **通信地址** | | | |  | | | | |
| 经研究，我单位选派下列同志参加“社区社会工作服务管理人才高级研修班”： | | | | | | | | |
| **姓 名** | **性别** | **职务** | **身份证号** | | | **手机** | **是否拼房** | **紧急联系人及电话** |
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| **备 注** | |  | | | | | | |