附件:

**培训报名回执**

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| **单位名称** |  | | | |
| **单位是否通过国家两化融合管理体系评定** | | | **是☐ 否☐** | |
| **姓名** | **职务** | **座机** | **移动电话** | **电子邮件** |
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