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| 单位名称 |  | | | | | | | | |
| 通讯地址 |  | | | | | | 邮编 |  | |
| 联 系 人 |  | | 联系电话 | |  | | 传真 |  | |
| 电子邮件 |  | | | | | 住宿 | 是□ 否□ | | |
| 培训人员 | 性别 | 电话/手机 | | 部 门 | | | 职务 | | 参加期次 |
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附件：

**高等院校科研经费管理培训班**

**报名回执表**

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