附件1：

自闭症儿童语言训练培训班报名回执

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| **姓名** | **性别** | **单位** | **职称/职务** | **从业年限** | **服务 对象** | **联系电话** | **电子邮箱** | **发票抬头** | **纳税识别号** | **备注** |
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