**附件：**

**2019年语言治疗康复岗位专业技能培训班**

**报名回执表**

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| **单 位 名 称** |  | | | | |
| **纳税人识别号** |  | | | | |
| **姓 名** | **性别** | **职务** | **办公电话** | **手 机** | **E-mail** |
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