标准化兼职人员综合知识培训报名表

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| **单位名称** |  |
| **联 系 人** |  | **性别** |  | **单位职务** |  |
| **手机号码** |  |
| **联系地址** |  |
| **学员姓名** | **性别** | **身份证号** | **单位职务** | **手机号** |
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