附件：

**高校后勤安全管理专业岗位培训班**

**报名回执**

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| 单位名称 | |  | | | | | 邮政编码 |  |
| 通信地址 | |  | | | | | | |
| 参会人员 | 姓 名 | | 性别 | 部 门 | 职 务 | 手 机 | | 邮 箱 |
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**（**请各单位用正楷字认真填写，并传真至010-56500837，或电子版发送至邮箱zgxyaq@qq.com ）