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| 附件 | | | | | | |
| **商业消防与安全管理培训报名表** | | | | | | |
| **姓名** | **单位名称** | **职务/职称** | **手机** | **邮箱** | **传真** | **备注** |
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| **说明：** | | | | | | |
| 1.此表复印有效； | | | | | | |
| 1. 请填写后传真至010-58891086。 | | | | | | |