附件

中华优秀传统文化研究与传承高级研修班报名回执表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 单 位 名 称  （开票全称） | 统一社会信用代码 | 姓 名 | 性  别 | 民  族 | 职 务 | 联系电话  （手机） | 电子邮箱 | 房间预留 |
|  |  |  |  |  |  |  |  |  | 包房□  拼房□ |
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**注：**请认真填写本表，确保信息无误，且务必于7月10日前发送本表至邮箱1144682594@qq.com ，联系电话：0531—86962205 。