附件

科室管理与中层干部执行力提升

培训班回执

单位名称（盖章）： 年 月 日

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| 姓名 | 性别 | 职务 | 联系电话 | 预留住宿 | 备注 |
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注：请于9月25日以前将回执传至重庆市卫计委培训中心会务组，传真：63651371，邮箱：3511335895@qq.com。