附件：

**白蚁防治生物药物检测技术职业培训班报名回执表**

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| 单位名称 |  | | | | | | 邮编 |  | |
| 通讯地址 |  | | | | | | | | |
| 联系人 |  | | 电话 |  | | E-mail |  | 传真 |  |
| 姓 名 | 性别 | 职务 | | | 电话 | | 手机 | 住宿否 | 参加何地 |
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备注：此表复制有效，填好后请传真到会务组收010-53031599

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