附件一：

建筑工程白蚁防治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 | 备注 |  |
| 姓 名 | 性别 | 职务 | 电话 | 手机 | 住宿否 | 参加何地 |  |
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注：此表复制有效，填好后请传真到会务组收010-53031599（戚红梅）

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