**考察报名回执**

单位名称：（加盖公章）

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| --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **职务** | **身份证号码** | **手机** | **住宿要求（√）** |
| **单住** | **合住** |
|  |  |  |  |  |  |  |
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