**“ASME焊接规范培训班”报名回执表**

经研究，我单位决定派以下人员参加：

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| 单位名称 |  | | | | | | |
| 通讯地址 |  | | | | 邮编 |  | |
| 联 系 人 |  | | 电话 |  | 电子邮箱 |  | |
| 姓 名 | 性别 | 职务或职称 | | 联系电话、手机 | 电子邮箱 | | 部门 |
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