**合肥市职业教育管理队伍产教融合培训报名表**

单位： 联系人： 联系电话：

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| **序号** | **姓名** | **性别** | **职务/职称** | **身份证号** | **手机号码** | **电子邮箱/QQ号** | **备注** |
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