附件.

**《区域全面经济伙伴关系协定》（RCEP）**

**应用能力师资研修班报名回执**

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| **培训名称** | **《区域全面经济伙伴关系协定》（RCEP）应用能力师资研修班** | | | | |
| **单位名称**  **（发票抬头）** | **（盖章）** | | | | |
| **统一社会信用代码**  **（纳税人识别号）** |  | | | | |
| **地址** |  | | | **邮编** |  |
| **联系人姓名** |  | | | **联系人手机** |  |
| **联系人微信号** |  | | | **联系人邮箱** |  |
| **姓名** | **性别** | **身份证号码** | **职务/职称** | **手机号** | **电子邮箱** |
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