附件：

**企业质量管理基础知识培训班报名回执表**

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| 单位名称 | |  | | | | | | | | |
| 通信地址 | |  | | | | | | | 邮编 |  |
| 填表联系人 | |  | | | 联系电话 | |  | | 传真 |  |
| 序号 | 姓 名 | | 性别 | 部门 | | 职务 | | 联系电话 | | 备注 |
|  |  | |  |  | |  | |  | |  |
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| 备注 | 请于7月22日前将此表可传真或发至指定邮箱[nsr96@sina.com](mailto:nsr96@sina.com) | | | | | | | | | |