附件：

压力计量专业项目培训报名表

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| 单位名称： | | | | | | | | |
| **填写要求：每一项都要填写，填完后请认真核对姓名、性别、身份证号（请于身份证上一致）、工作单位全称，核对无误后请发到suyuanpeixun@126.com邮箱。** | | | | | | | | |
| **序号** | **姓名** | **性别** | | **身 份 证 号** | **手机号** | **工作单位** | **是否住宿** | **是否乘坐班车** |
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| 负责人 | | |  | |  | 联系方式： | | |
| 负责人邮箱 | | |  | | | | | |
| 证书邮寄地址 | | |  | | | | | |