附件

线下参会回执

单位（盖章） 党总支 联络人

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| 姓名 | 性别 | 单位职务 | 手机号码 | 可组织培训时间 | 备注 |
|  |  | XX党支部组织委员 |  |  |  |
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填表说明：“单位职务”请填写党内职务。