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| 附件2 | | | | | | | |
| **网络培训班免费学习报名表** | | | | | | | |
| **报名班次：** | | | | | | | |
| **序号** | **姓名** | **性别** | **集团名称/地方国资委** | **工作单位** | **部门及职务** | **联系电话** | **邮箱** |
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| 备注：此表仅限各级国资委机关报名使用，请准确填写信息，并将此表加盖公章后传真至**010-63192154**,同时登录网络学习平台（elearning.tcsasac.com）办理集体报名。 | | | | | | | |
| 填表人姓名： 联系电话： 盖单位公章： | | | | | | |  |