附件2：

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| **新能源汽车核心技术-动力电池维修培训报名回执表** | | | | | |
| 单位名称 |  | | | | |
| 纳税人识别号 |  | | | | |
| 联系人姓名 |  | 电话 |  | 邮箱 |  |
| 学员姓名 | 性别 | 职业 | | 电话 | |
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| 备注 | 联系人，张恺，电话：0531-66582017，13156006473 | | | | |
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