**附件一：**

**2020年度初级技术转移经理人专题研修班报名回执表**

单位名称： 联系地址：

联系人： 联系电话：

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| **参加名单** | | | | | |
| 序号 | 姓 名 | 性别 | 部 门 | 手机 | 是否需要安排住宿 |
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