附件：

社有企业经营战略与资本优化

高级研修班报名表

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| --- | --- | --- | --- | --- | --- | --- |
| 单位 |  | | | | 联系人 |  |
| 地址 |  | | | | 邮 编 |  |
| 电话 |  | | 传真 |  | E-mail |  |
| 开具发票单位全称 | | |  | | | |
| 纳税人识别号 （或统一社会信用代码） | | |  | | | |
| 姓名 | 性别 | 所在单位及职务 | | | | 手机 |
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| 备注 |  | | | | | |

（单位公章）