附件1

2024年韶关市“创办你的企业”（SYB）教材研讨培训班报名回执

**推荐单位(盖章): 日期： 年 月 日**

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| **序号** | **姓 名** | **性别** | **身份 证号** | **学历** | **专业** | **单位** | **职务** | **职称** | **工作年限** | **移动电话** | **电子邮箱** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
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**单位联系人： 联系电话：**