附件1：

**2024年韶关市网络创业培训师资培训班报名回执**

单位名称（公章）

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| 序号 | 姓名 | 身份证号码 | 学历 | 专业 | 职务 | 联系电话 | 电子邮箱 | 单位名称 | 师资证（讲师证）获证时间（年、月） | 是否从事互联网店铺经营 | 备注 |
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填表人： 联系电话： 邮箱：