**培训班报名回执单**

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| 单位名称 | |  | | | | 联 系 人 | |  | |
| 单位地址 | |  | | | | 联系电话 | |  | |
| 参加培训人员信息 | | | | | | 工作岗位选择（划√） | | | |
| 姓名 | 性别 | | 职务 | 身份证号 | 联系电话 | 碳交易员 | 碳核查员 | | 碳管理员 |
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| **如需发票请在此处填写开票信息** | | | | | | | | | |