**江西站培训报名回执**

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| 单位名称  (法定名称) |  | | | | | | | | | | | | | |
| 详细地址 |  | | | | | | | | | 邮编 | | |  | |
| 养殖规模 |  | | | | | | | | | | | | | |
| 参会人姓名 | 性 别 | 职 务 | | 学历 | | | 手 机 | | 传 真 | | | | 邮箱或qq | |
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| 学习需求 |  | | | | | | | | | | | | | |
| 房间预定  11月10日止 |  | | | | | 是否参加猪场实践教学 | | | | | |  | | |
| 发票抬头： | | | | | | | | | | | | | | |
| 联系人信息 | | | | | | | | | | | | | | |
| 姓 名 | 性 别 | | 职 务 | | 电 话 | | | 传 真 | | | 手 机 | | | 邮箱地址 |
|  |  | |  | |  | | |  | | |  | | |  |
| 单位公章 2016年 月 日 | | | | | | | | | | | | | | |

此表复印有效，填写此表并发邮件luxiulan@caaa.cn training@caaa.cn或传真010-58677809