附件一

报 名 汇 总 表

（应急救援员培训班）

单位名称： 日期：

填表人： 联系电话：

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| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号 | 联系电话 | 人员类型 | 培训类型 |
| 1 |  |  |  |  |  |
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