附件2

2015年西部计划优秀项目办骨干人员培训班参会人员回执

省（区、市）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 负责人姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **姓名** | **性别** | **民族** | **单位及职务** | **手机号码** | **身份证号** | **身高、体重** | **抵达时间、**  **航班/车次** | **返程时间、**  **航班/车次** | **备注** |
|  |  |  |  |  |  |  |  |  | **负责人** |
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注：以省区市为单位填写。