附件1：

河南省山水林田湖草沙生态保护修复业务知识及技能培训（第一期）参培人员名单回执表

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| 序号 | 姓名 | | 性别 | 单位 | | 职务/职称 | | 电话 | | 是否住宿 |
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| 参培单位如需开取发票，下方开票信息表格必填（普票） | | | | | | | | | | |
| 单位名称 | | 开户行和账号 | | | 纳税人识别号或统一社会信用代码 | | 电话 | | 地址 | |
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