附件

2025年第一期乡村运营管理人员培训班报名回执

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| **序号** | **姓 名** | **性别** | **单位职务** | **电子邮箱** | **身份证号** | **手机号** | **所在地区**  **（X县/区）** | **是否**  **住宿** |
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注：将报名回执于6月16日（周一）下班前发送到邮箱：shsy1949@163.com [。](mailto:dzrcpxbbm@163.com。)