附件：

职业院校“十五五”战略规划编制与关键办学能力高质量发

展交流研讨会报名回执表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | | |
| 发票内容 | 纳税人识别号： | | | | | | |
| 开票项目内容：培训费o 会务费o | | | | | | |
| 经办人 |  | | 手机 |  | | 邮箱 |  |
| 参会代表 | 性别 | 部门 | | 职务 | 手机 | | 邮箱 |
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| 费用注明 | ①1080元o ②2280元o ③线上团体报名o | | | | | | |
| 住宿信息 | 住宿标准：单间o 标间o 合住o | | | | | | |
| 入住日期： | | | | 离店日期： | | |
| 其他备注 |  | | | | | | |

注：报名回执表请发至jyzdzx@vip.126.com邮箱。