**附件：**

**保护设施运行人员（烟尘烟气连续自动监控系统）培训班报名表**

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| **参加培训单位信息** | | | | | | | | | | |
| 联系人姓名 | |  | | 联系电话 | |  | | 电子邮箱 |  | |
| 单位名称 | |  | | | | 纳税人识别号 | |  | | |
| 联系地址 | |  | | | | | | | | |
| **参加培训人员信息** | | | | | | | | | | |
| **姓名** | **性别** | **学历** | **职务** | | **从业年限** | | **联系电话** | **身份证号** | | **备注** |
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年 月 日

（单位盖章）