**附件**

**特种设备无损检测技术研修班报名表**

**（2024年度）**

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| **机构（单位）**  **名 称** |  | | |
| **岗位** | **姓名** | **电话** | **身份证号** |
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| 开票信息： | | | |
| 1724660527983群二维码 | | | |