**国土空间规划双评价专业技术人才培训班报名表**

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| **单位名称** |  | | | | | | | |
| **通讯地址 邮寄证书使用** |  | | | | | | | |
| **报名联系人** |  | | | **电话** |  | | **邮箱** |  |
| **学员姓名** | **性别** | | **职务** | | | **手机** | | **邮箱** |
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| **需开发票信息** | | | | | | | | |
| **单位名称** | |  | | | | | | |
| **纳税人识别号** | |  | | | | | | |
| **注册地址及电话** | |  | | | | | | |
| **开户行及账号** | |  | | | | | | |
| **住宿安排** | | □单间 □标间 订房数量间天 □自行安排 | | | | | | |