附件2：

2018 “智慧物流”专项能力提升高级研修班报名回执表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | | |
| 地 址 |  | | | | 邮编 |  | |
| 姓 名 | 性别 | 职务 | 身份证号 | 移动电话 | E-mail | | 单/合住 |
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备注：1．本次研修不设接站，请参加研修代表直接到培训地点报到。

　 2．请按要求将回执表发至会务组邮箱：wljzw@vip.163.com。