附件：

继电保护专业人员培训班预报名回执单

单位名称：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 部门 | 职务 | 联系电话 | 电子邮箱 | 内容需求 |
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