**“低压配电设计解析讲座”报名回执表**

经研究，我单位选派下列同志参加学习：

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| 单位名称 |  | | | | |
| 邮寄地址 |  | | | | |
| 联系人 |  | 电话 |  | 邮箱 |  |
| 姓名 | 性别 | 职务/部门 | 手机 | E-mail | 备注 |
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