附件

检查工作联络人名单回执

填报单位：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 工作单位 | 职务 | 固定电话 | 手机 |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| 备注 |  |