**附件：**

**城市更新与高质量发展培训班报名回执表**

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| 联系人姓名 | |  | | 手 机 |  | | 邮 箱 |  | |
| **姓名** | | **性别** | **单位及职务职称** | | | **手 机** | | **邮箱**  **（个人接收电子发票必填）** | |
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| **单位发票名称**（必填） | | | | |  | | | | 电子票□  纸质票□ |
| **纳税人识别号或单位社会信用代码**（必填，如无需此项请注明） | | | | |  | | | |
| **接收电子发票邮箱或纸质发票地址**（必填） | | | | |  | | | |
| **备注** |  | | | | | | | | |

注：1.此表不够，可自行复制；

2.请采用银行汇款方式缴纳培训费，请务必准确填写发票信息及接收发票邮箱或邮寄地址，注明需要电子票或纸质票，以便开具发票。