附件：

《高等学校物业服务规范》规范解读与实施高级研修班

报名回执

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 工作单位 | 部门及职务 | | 电话 | | 传真 | E-mail |
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| 详细通讯地址 |  | | | | | 邮政编码 |  |
| 住宿  时间 |  | | 房间 标准 | |  | | |
| **发票**  **抬头** |  | | | | | | |
| **税号** |  | | | | | | |

**注：回执可复制，**请各单位尽快用电邮发至wzh20131110@163.com