附件1

2018年全国听力语言康复专业技术人员

感统训练师（初级）培训班学员回执表

参训单位：（ 公章 ）

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| **序号** | **姓 名** | **性别** | **年龄** | **学历** | **所在单位** | **工作岗位** | **身份证号码** | **手机号码** |
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| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
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