附件1

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| 参加2018年市农业系统安全生产培训人员回执表 | | | | | |
| 回执单位（盖章）： | | | | 回执时间： | |
| 序号 | 培训单位名称 | 培训人员 | 职 务 | 联系电话 | 是否午休 |
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