中国保险学会全国保险公司舆情管理与客户投诉处理培训班报名回执

（请加盖单位公章）

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | 参加人数 |  | | 参加期次（地点） |  |
| 联系人 |  | | 电话 |  | | 邮箱 |  |
| 参加人姓名 | 性别 | 职务 | 部门 | |  | 电话 | 邮箱 |
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| 住 宿 要 求 | ▪ 单人间 间 ▪ 双人间 间 | | | | | | |

此回执复印有效