**地州市残联工作人员信息无障碍技术培训班回执**

**地州市残联（公章）：**

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| 序号 | 姓名 | 性别 | 民族 | 残疾类别/等级 | 所在单位全程 | 职务 | 联系电话（手机） | 抵达时间和车(机)次 | 其他 |
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