**北京市科学技术研究院2017档案管理培训回执**

**（报名回执请与2017年1月13日周五前回复至邮箱）**

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| **单位名称：** |  | | | | **邮编：** | |  |
| **单位地址：** |  | | | | | | |
| **姓名** | **部门** | **职务** | **职称** | **手机** | | **邮箱** | |
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