**附件：**

**BIM实操基础公益培训班报名表**

（加盖单位公章）

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| 单位名称 |  | | | | |
| 联 系 人 |  | | 电话 |  | |
| 电子邮箱 |  | | 传真 |  | |
| 姓 名 | 性别 | 部门/职务 | | 电话/手机 | 培训课程 |
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