附件

**参加中心组学习会回执**

**单位或部门（加盖公章）： 时间：**

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| **姓名** | **性别** | **职务** | **中心组成员** | **列席人员** |
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备注：送至学校党委宣传部，联系人：王一帆，联系电话：39358885。