附件

**注册个人信息保护专业人员培训班**

**报名回执**

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| 单位名称 | |  | | | | | |
| 序号 | 姓名 | | 部门及职务 | 联系电话 | 邮箱 | 学历 | 毕业时间 |
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| 备 注 | | 1. 姓名、职务、联系电话、学历为必填项。 2. 《报名回执》请于2021年12月14日报名截止前发送到报名邮箱： 3. 如遇问题请联系： | | | | | |

报名邮箱：[ztqx2021@163.com](mailto:ztqx2021@163.com)

联系电话：010-68200127，13911072637