附件2：

**清远市星厨送培下乡培训报名登记汇总表**

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| 序号 | 姓名 | 性别 | 单位 | 身份证号码 | 联系电话 | 备注 |
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**说明：请在备注里面说明参培班级：1班（11月1日-3日和）或2班（11月8日-10日）**