**附件：2024年广东省广播电视专业技术人员继续教育报名表**

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| 填报单位(盖章)： |  |  |  |  |  |  |
| 序号 | 姓名 | 性别 | 身份证号 | 工作单位 | 职务/职称 | 联系电话 | 参加课程 | 备注 |
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|  | 说 明： | 参加课程是指课程一、二、三 |  |  |  |  |  |
|  | 填报人： |  | 联系电话（办公）: |  |  | 手机号码: |  |