附件1

**脏腑推拿培训报名回执**

盟市： 联系人： 联系电话：

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| 姓名 | 性  别 | 残疾类别  及等级 | 残疾证号 | 身份证号 | 家庭住址或工作  地点 | 联系电话 | 从事本职  工作年限 |
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