＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿培训班签到簿

委托方公章： 培训时间：＿＿＿＿＿年＿＿月＿＿日上午（下午）

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| 序号 | 姓名 | 学员工作单位  （或身份证号、或手机号） | 签名 | 备注 |
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