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| 单位名称 | | |  | | | | 联系人 | |  | |
| 通讯地址 （邮寄证书） | | |  | | | | | | | |
| 邮箱 |  | | | 手机 | |  | | 联系人微信 | |  |
| 开票信息 | 发票单位抬头 | |  | | | | | | | |
| 统一社会信用代码 | |  | | | | | | | |
| 地址  电话 | |  | | | | | | | |
| 开户行及账号 | |  | | | | | | | |
| 姓名 | | 职务 | | | 手机 | | | 邮箱 | | |
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| 备注 | |  | | | | | | | | |

附件

**计量能力提升报名回执表**