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| 附件2 | | | | | | | | | | | | | | | |  | |  |  | |  | | |
| 内蒙古自治区科技企业孵化器从业人员专业培训中级班（第二期）  归口管理部门现场培训推荐汇总表 | | | | | | | | | | | | | | | | | | | | | | | |
| 推荐单位（归口管理盖章）： | | | | | | | | | |  | | 联系人及电话： 年 月 日 | | | | | | | | | | | |
| **序号** | **姓名** | **性别** | **身份证号** | **所在单位** | **职务** | **单位地址** | **分管工作** | **在孵化器/众创空间的从业时间（年）** | **孵化器/众创空间等级（国家级、省级、盟市级）** | | **所在孵化器类别（综合、专业）** | | **孵化器/众创空间重点关注的技术领域** | **机构性质（事业单位、国有企业、民营企业、其他）** | **电子邮箱** | | **手机** | | | **房间** | | | | | |
| **单/标间** | | **入住时间** | **离店时间** | | |
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注：需要统一安排住宿者，请在“房间”栏中注明信息，不需要住宿请填写“否”；电子版与盖章后扫描件各发一份，可用EXCEL编辑。