**附件2：**

**创业模拟实训班承办申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 申请单位名称（盖章） | |  | | | | | |
| 经办人姓名及联系方式 | |  | | | | | |
| 申办期数，每期需35人左右） | |  | | | | | |
| 序号 | 学员姓名 | 性别 | 年龄 | 身份证号 | 学号 | 手机号码 | 家庭住址 |
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