附件1：

上海高校心理健康教育与咨询示范中心（复旦大学）专题培训报名表

单位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(盖章)

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| **姓 名** | **性 别** | **出生年月** | **岗位/职务** | **手机号码** | **E-mail** | **是否住宿** | **饮食是否清真** |
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