附件：

参加省“三支一扶”计划双选会工作人员回执单

市州（单位）：                                           车辆：    台

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| 姓 名 | 性别 | 单 位 职 务 | 移动电话 | 是否在会场就中餐 | 是否入住协议宾馆 |
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注：包括司机在内，所有参加活动人员都需填写；联络员信息排第一行。