**培训签到表**

**培训课题：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 主讲人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **姓名** | **岗位** | **培训日期** | **联系电话** | **E-mail** | **备注** |
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**总课时：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 培训地点：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**