附件1

2020年鄂尔多斯市公民科学素质电视大赛参赛人员报名表

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| **单位（盖章）： 领队姓名： 电话：** | | | | | | | | |
| **姓名** | **性别** | **年龄** | **民族** | **单位** | **职务** | **联系电话** | **邮箱** | **备注** |
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**领导签字**