附件3

2020年度广西助盲“听”世界--网络智能音箱捐赠项目

盲人按摩培训班盲人学员花名册

（单位名称及公章） 培训班名称： 填报日期： 填报人：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **年龄** | **民族** | **残疾证号码** | **邮寄住址** | **联系电话** | **备注** |
| 1 |  |  |  |  |  |  |  |  |
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附：盲人学员残疾证复印件。