附件3：

**集中组织干部职工疗休养报名表**

**单位基层工会（盖章） 填报时间： 年 月 日**

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| **序号** | **姓名** | **性别** | **身份证号码** | **时间线路** | **联系方式** | **备注** |
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**联系人： 电话： 手机：**