宁波市第十九届“高洽会”邀请参会学生名单

学校（盖章）： 联系人： 联系固定电话： 联系手机：

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| **序号** | **学校** | **姓名** | **专业** | **学历** | **联系电话** | **身份证号** | **金额** | **签名** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |
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| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |