**流通业经营模拟竞赛参赛队伍报名表**

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| **学校名称** |  | | | | **院系名称** | |  | |
| **参赛队名** |  | | | | **总经理** | |  | |
| **组别** | **本科 高职** | | | | | | | |
| **姓名** | **性别** | **年龄** | **职 务** | **手机号码** | | | **电子邮件** | |
|  |  |  | **总经理** |  | | |  | |
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| **指导老师** | **姓 名** | **性 别** | **职 务** | **职 称** | | **手机号码** | | **电子邮件** |
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