附件2：

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| **2014年参与无偿献血师生信息报名表** | | | | | | |
| 单位名称（盖章）： | |  | | 单位负责人： | |  |
| 单位联系人： | |  | | 联系人手机： | |  |
| 序号 | 姓 名 | 学号/工号 | 性别 | 年龄 | 专业班级/部门 | 需要说明的情况 |
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| 本单位报名献血人数合计： 人 | | | | | | |