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| **浙江大学危险化学品及实验室安全专项参会人员名单** | | | | | | |
| **院系单位：** | | | | | | |
| **序号** | **姓名** | **工号/学号** | **身份** | **手机号码** | **备注** | |
|  |  |  | 教师 |  | 是否坐车 | |
|  |  |  | 学生 |  |  | |
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| **培训时间和地点：** | | | | | | |
| 6月20日（周二）9:00-12:00 紫金港校区临水报告厅 | | | | | |  |
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