**《桂林医学院2019届毕业生双向选择洽谈会》参会回执**

年 月 日

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| **单位名称** | **（盖章）** | | | | | | | | | | |
| **联系人** |  | | | | | | | | | **电话** |  |
| **电子邮箱** |  | | | | | | | | | **网址** |  |
| **通信地址** |  | | | | | | | | | **邮编** |  |
| **是否第一次参加我校双选会** | | | | **是□ 否□** | | | | **是否召开专场宣讲会** | | | **是□ 否□** |
| **参会人员姓名** | **性别** | | **职务** | | | **办公电话** | | | | **移动电话** | |
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| **招聘岗位** | | **需求专业** | | | **学历** | | **需求人数** | | **要求** | | |
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| **[单位情况介绍]** | | | | | | | | | | | |

备注：此表可直接传真或发邮件至桂林医学院毕业生就业服务指导中心，传真：0773-5895162；[邮箱：jyb@glmc.edu.cn](mailto:或发邮件至邮箱jyb@glmc.edu.cn)