附件2：

**重庆科技职业学院**

**2024届毕业生双选会·参会回执**

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| **用人单位信息** | | | | | | | | | | |
| 单位名称 |  | | | | | 统一信用代码号 | |  | | |
| 联系人 |  | | | | | 联系电话 | |  | | |
| 参会人数 | **2人** | | | | | E-mail | |  | | |
| 企业类型 |  | | | | | | | | | |
| **参会代表情况（限2人）** | | | | | | | | | | |
| 姓名 | | 性别 | | 职务 | 办公电话 | | 移动电话 | | 邮箱 | |
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| **毕业生需求信息（简写即可）** | | | | | | | | | | |
| 拟招聘工作岗位 | | | 人数 | | 岗位必备要求 | | | | | 备注 |
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| **需要我校配合的情况说明** | | | 是否需要  宣讲教室 | | ○是，预计时长 ○否 | | | | | |
|  | | | | | | | |

说明：请各参会单位将回执于6月10日下午18：00前发送电邮至[3026298283@qq.com](mailto:3026298283@qq.com),以便我们进一步做好组织安排工作。