**2014金融管理系保單健診與保險規劃競賽**

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| 團隊名稱 |  | | |
| 班 級 |  | | |
| 聯絡人姓名 |  | 聯絡人手機 |  |
| 指導業師 |  | | |

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| **組員個人資料** | | |
| 姓名 | 電話 | E-mail |
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