**附件1：**

报名回执表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 填报单位 | |  | | | | | | | |
| 详细地址 | |  | | | | | | | |
| 联 系 人 | |  | | | 联系电话 | |  | | |
| 希望将培训时间安排为:周末节假日培训□ 正常工作日培训□ | | | | | | | | | |
| 参训人信息 | | | | | | | | | |
| 序号 | 姓 名 | 性别 | 民族 | 学 历 | | 职 务 | | 工作单位 | 手机号码 |
| 1 |  |  |  |  | |  | |  |  |
| 2 |  |  |  |  | |  | |  |  |
| 3 |  |  |  |  | |  | |  |  |
| 4 |  |  |  |  | |  | |  |  |
| 5 |  |  |  |  | |  | |  |  |
| 6 |  |  |  |  | |  | |  |  |
| 7 |  |  |  |  | |  | |  |  |
| 8 |  |  |  |  | |  | |  |  |
| 9 |  |  |  |  | |  | |  |  |
| 10 |  |  |  |  | |  | |  |  |
| 11 |  |  |  |  | |  | |  |  |
| 12 |  |  |  |  | |  | |  |  |

单位盖章：

年 月 日