附件

培训人员报名表

 单位名称：（公章）

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 编号 | 姓名 | 性别 | 单位全称 | 职务 | 联系方式 | 地区 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |

可续表