|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 参加培训班回执 | | | | | |
| 姓名 | 性别 | 年龄 | 工作单位 | 职称（职务） | 电话 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

附件2