# 附件2

参训回执

州市：

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| 序号 | 姓名 | 性别 | 民族 | 工作单位 | 职称/职务 | 联系电话 | 认证级别 | 备注 |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |

注：1.本表格可自行添加；

2.本次培训不接受个人报名，由州（市）科协汇总统一报名。