附件2

2020年度培训报名表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **民族** | **职务职称** | **单位** | **通讯地址** | **邮编** | **联系电话** | **E-mail** | **参加培训名称** |
|  |  |  |  |  |  |  |  |  |  |

注：此表填妥后请发电子邮件至tsny@moahr.cn（此表可复制）