附件8

# 参训人员回执

单位（盖章）：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 工作单位 | 联系电话 | 职称/职务 | 备注 |
| 1 |   |  |  |  |  |
| 2 |   |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

填表人： 电话：