附件：

**全省性行业协会商会负责人培训班报名表**

填报单位(盖章)：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性 别 | |  | | | |
| 单 位 |  | | | 社团职务 | |  | | | |
| 手机号码 |  | | | | | | | | |
| 备 注 | 培训人员：住宿□   不住宿□  随行人员食宿( 食宿费用自理)：安排□  不安排 □ | | | | | | | | |
|  | |  |  | |  | |  |  |  |