附件一

**报名回执**

单位：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 部门 | 固话 | 手机 | 邮箱 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 其它需求：（如您本次参加不了宣贯，可注明希望有公开课的培训月份） |