## 附件

# 培 训 回 执

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 单位名称 | 职务/职称 | 联系方式 | 参训时间 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

回执发送至：hns-11@126.com。 联系人：曾春芳13307480766