附件 2

社区教育工作者能力提升培训报名表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | 经办人 |  | |
| 联系电话 |  | | 职务 |  | |
| 通信地址 |  | | | | |
| 参训人员信息 | | | | | |
| 姓名 | 职务 | 电话 | 邮箱 | 单位名称 | 纳税识别号 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |