附件4

参训人员回执

单位（盖章）：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 批次 | 姓名 | 性别 | 单位 | 职务 | 手机号 | 报到方式 |
| 统一乘车 | 自行 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |