**附件：参加培训回执**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **民族** | **年龄** | **证件类型** | **证件号码** | **职称** | **职务** | **最高****学历** | **最高学位** | **所在****省市** | **所在单位** | **通讯地址** | **邮政编码** | **联系电话** | **电子邮箱** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

（可自行添加行）

**请务必准确填写各项信息，请勿遗漏。**

**请各单位于2019年4月12日16:00前将参加培训人员回执发送至会务组邮箱（dyb@pkuh6.cn）或传真至010-62026310**