附件：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 培训报名表 | | | | | | | | |
| **序号** | **单位** | **姓名** | **学号或工号** | **手机号** | **课题负责人** | **课题负责人联系方式** | **参训时间** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

备注：参训时间6月19日、6月21日任选一日