附件2

研修人员报名汇总表

省（区、市）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **性 别** | **民 族** | **职务/**  **职称** | **工作单位** | **手机** | **微信号** | **工作地址** | **家庭住址** | **到达交**  **通场站** | **到达航班或车次及时间** | **返程航班或车次及时间** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |

注：为明确所在地疫情风险等级，“工作地址”“家庭住址”请详细到社区/街道；请务必写明微信号，会务组将在报到前建立研修班微信群。