**附件2**

**基层站点培训参会回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **单 位** | **姓 名** | **性 别** | **职 务** | **电 话** | **电子邮箱** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**请将参会回执于9月9日12:00前报送至jiangting@51kehui.com**