附件

省直机关基层工会经审人员业务培训

报名回执表

填报单位（盖章）：

|  |  |  |  |
| --- | --- | --- | --- |
| **姓名** | **性别** | **工作单位、职务** | **联系电话** |
|  |  |  |  |
|  |  |  |  |