窗体顶端

**附件二:“众创空间”服务能力提升和盈利能力拓展实训班报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| 单位名称 |  |
| 通讯地址 |  | 邮编 |  |
| 联 系 人 |  | 电话 |  | 传真 |  |
| 参  加  人  员  名  单 |
| 姓   名 | 职  务 | 性别 | （移动）电话 | 邮 箱 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 住宿预订 | □双人标准间            □单间拟住日期： 年   月   日至    月   日 |
| 单位盖章 | 负责人签字：                   年  月  日 |
| 备注 |  |

注：请认真逐项填写此表；此表复印有效。联系人：张丽 18611323378     邮箱：2732432805@qq.com电  话：010-63290288         传真：010-63290288 |

 |

窗体底端