附件

 大连市 （学校）参训学员信息汇总表

学校培训负责人： 单位： 联系电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **县（区）** | **姓名** | **性别** | **工作单位** | **职务** | **手机号码****（务必准确）** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |