附件1

2018年全省听力语言康复专业技术人员家长资源中心建设与家庭指导

培训班的通知报名表

参训单位：（ 公章 ）

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **性别** | **所在单位** | **职 务** | **身份证号码** | **手机号码** |
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| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
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