附件1：

参训人员信息汇总表

省（区）： 填报人： 办公电话： 手机号码：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 县（市、区）名 | 姓名 | 性别 | 单位及职务 | 手机号码 | 微信号 | 备注 |
| 1 |  |  |  |  |  |  | 领队 |
| 2 |  |  |  |  |  |  |  |
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| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |

注：如有清真饮食等情况需要会务准备的，请在备注栏内注明。