附件2

2024年慈善组织秘书长轮训班报名回执

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **填写单位（盖章）： 单位联系人及电话：** | | | | | | | | |
| **序号** | **姓名** | **单位** | **职务** | **性别** | **手机号码** | **身份证号码**  **（用于办理酒店入住）** | **备注** | **是否统一**  **乘车出发** |
| 例 | 张三 | XX基金会 |  |  | 158XXXX | 44158XXXX | A班/B班 |  |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |  |  |