附件四： 报 名 回 执（第二期）

推荐单位（盖章）：

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **民族** | **单位和职务、职级** | **电话（手机）** | **备注** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

填表人： 联系电话：