附件2：

正定县实践教学课程报名表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **所在单位** | **姓名** | **性别** | **职务/级别** | **联系电话** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
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| 10 |  |  |  |  |  |