附件2

报名汇总表

填报单位（加盖公章）：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | 性别 | 所在单位 | 职务 | 身份证号 | 执业证号 | 手机 | 预计抵达时间方式 | 是否需要单住 | 备注 |
|  |  |  |  |  |  |  |  |  |  |
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