附件2

2020年广西中小学教师科学营活动报名回执

 市科协（盖章） 年 月 日

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| **序号** | **姓名** | **性别** | **民族** | **身份证号码** | **工作单位** | **职称/职务** | **手机号码** | **参加培训类别** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |  |

报名联系人： 联系电话：