附件

创新券培训会参会回执

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓名** | **工作单位** | **职务** | **联系电话** | **是否符合防疫要求** |
|  |  |  |  |  |
|  |  |  |  |  |