附件2：

**参加全省农业应急管理培训班报名回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  姓名 | 性别 |  单位 | 职务职称 |  电话 | 备注 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

联系人： 联系电话：