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| **第二期全国“历奇辅导师”培训课程 报名表** | | | | | | | | | | | | | | | | |
| **序号** | **姓名** | **性别** | **学历** | **专业** | **工作单位及部门** | **职务** | **身份证号（购买保险）** | **通讯地址** | **邮政编码** | **办公电话** | **移动电话** | **电子邮箱** | **QQ** | **从事相关工作的经历** | **对本次培训的期望** | **有无特殊情况说明** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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注：请详细填写报名表，并发送至lqfds2015@163.com，邮件标题注明“历奇辅导师+姓名”