附件

**团队报名表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **报名单位及参会时间信息** | | | | | | | |
| **项目名称** | **2023高校招生核心能力提升研修班** | | | | | | |
| **单位名称** |  | | | **单位**  **联系人** | **姓名** |  | |
| **发票税号** |  | | | **电话** |  | |
| **发票金额** |  | | | **微信** |  | |
| **开票备注** |  | | | **邮箱** |  | |
| **参会人员信息** | | | | | | | |
| **序号** | **姓名** | **性别** | **职务/职称** | **手机号码** | **邮箱** | **身份证号** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

注：请将此表填好于3月31日12:00前发送至电子信箱：liyc@eol.cn。