附件

**全区残疾人就业和职业培训信息系统管理员培训班回执表**

盟（区、市）： 填表人： 时间：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓 名** | **性 别** | **民 族** | **单 位** | **职 务** | **联 系 电 话** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |