附件2

**工学一体化教师培训参训回执**

单位名称（公章）：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **性别** | **身份证号码** | **职务/职称** | **联系电话** | **是否住宿** | **住宿要求** |
| 1 |  |  |  |  |  |  | □单人间□双人间 |
| 2 |  |  |  |  |  |  | □单人间□双人间 |

说明：双人间合住需主办校统筹安排请邮件中备注。