附件2：

**多式联运一体化高级研修班报名回执表**

单位（盖章）: 年 月 日

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **性别** | **职 务** | **联系电话** | **电子邮箱** | **合住或单间** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

备注:请于3月19日前传真或电邮此表。