**地质灾害防治工程高级研修班报名表**

**单位名称：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **职务/职称** | **联系电话** | **备注** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**单位联系人： 联系电话： 联系邮箱：**