**2015年优秀运动队高级专业技术人员**

**创新能力建设高级研修班报名回执**

**单位（公章）**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性****别** | **民****族** | **职务** | **职称** | **执教项目或****研究方向** | **单位名称** | **邮箱** | **手机** | **备注** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**报名联系人： 联系电话： 报名日期：**