附件4： **学 员 报 名 表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the seminar/training course：  项目名称： | | | | | | | | |
| 性质 | 官员□ 技术□ | | 培训时间 |  | | | 培训地点 |  |
| 照  **FOTO A COLOR**  片 | | | Family name 姓 |  | | | | |
| First name 名 |  | | | | |
| Position 职务 |  | | | | |
| 级别 | 部级及以上 □ 司局级 □ 处级及以下 □ | | | | |
| 建议舱位 | 头等舱 □ 商务舱 □ 经济舱 □ | | | | |
| Passport No. 护照号码 | | | | | | | | |
| Nationality 国籍 | |  | | | Name of institute  工作单位名称 | . | | |
| Sex 性别 | |  | | |
| Language工作语言 | |  | | | Mail Address  of Institute  工作单位地址 |  | | |
| Religion 宗教 | |  | | | Address of Home  家庭住址 |  | | |
| Food abstention  饮食禁忌 | |  | | |
| Date of Birth 生日 | |  | | | E-mail |  | | |
| Tel | |  | | |
| Fax | |  | | | Person to be contacted  in emergency 应急联络人 |  | | |
| Cell | |  | | | Phone to be contacted  in emergency  应急电话 |  | | |
| Signature（本人签字） Date（日期） | | | | | | | | |

**经商参处意见：**

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|  |

Both Signature and Seal （经商参处签章）

Date（日期）