附件

首席评估师研修班推荐学员报名表

**地方协会名称：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓 名** | **性别** | **出生年月** | **登记编号** | **单位及职务** | **手机号** |
|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |