附件

参训人员报名表

 ：律师协会 电话：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓 名** | **性别** | **律 所** | **职 务** | **联系方式** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |