**附件：**

\_\_\_\_\_\_律师事务所党务工作者参训报名表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 单位 | 职务 | 联系方式 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |