**学 员 报 名 表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of seminar/training course：  项目名称： | | | | | | | | |
| 性质 | 官员 □ 技术□ | | 培训时间 | |  | | 培训地点 |  |
| 照  片  Photo | | | Family name  姓 | |  | | | |
| First name  名 | |  | | | |
| Position/Title | |  | | | |
| 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 | |  | | |
| Gender  性别 | |  | |
| Language  工作语言 | |  | |
| Address of Institute  工作单位地址 | |  | | |
| Religion  宗教 | |  | |
| Food abstention  饮食禁忌 | |  | | Home Address  家庭住址 | |  | | |
| Date of Birth  出生日期 | |  | |
| Tel | |  | | E-mail | |  | | |
| 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）： | | | | | | | | |

**For official use only- 经商参处意见：**

经商参处签章： 日期：