|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 年龄 | 所属区 | 残疾类别 | 联系电话 | 报读班别 | 备注 |
|  |  |  |  |  |  |  |

附表一：培训报名回执