附件2

粮食安全与生物育种技术创新发展高级研修班

报名回执

单位盖章：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **年龄** |  |
| **身份证号** |  | **民族** |  |
| **职务** |  | **职称** |  |
| **工作单位** |  |
| **通信地址** |  | **邮编** |  |
| **联系电话** |  | **微信号** |  |
| **E-mail地址** |  |
| **所学专业** |  |
| **现从事工作** |  |
| **您对本课程感兴趣的原因** |  |
| **备注** |  |