附件1：

**全国社区教育管理者高级研修班报名表**

**\*标注内容为必填项**

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| **单位名称\*** |  | | | | | **经办人\*** |  | | **联系电话\*** | |  | | |
| **通讯地址** |  | | | | | | | | **邮政编码** | |  | | |
| **姓名\*** | **性别\*** | **所在单位\*** | **职务/职称\*** | | **手机号码\*** | **邮箱\*** | | **发票抬头\*** | **纳税人识别号\*** | | | **参加**  **期数\*** | **是否**  **单住** |
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| **友情提示** | 1. 如参会人员较多，请自行绘制表格后按照以上格式填写。请各位学员自行安排返程时间，如需要帮助请与会务组电话或微信联系。 2. 提前电汇会务费的，报名时请携带汇款凭证复印件。发票抬头请正确填写，要求填纳税人识别号。 | | | | | | | | | | | | |
| **会议费用** | 共 人，会务费（含伙食费、专家授课费、培训资料费、场地费等） 共计 元。住宿费、交通费自理。 | | | | | | | | | | | | |
| **收费信息** | 账户名称：中国成人教育协会 | | | 开户银行：中国工商银行北京德外支行  行 号：1021 0000 0136 | | | | 银行账号：0200 0013 0902 0242 467 | | **汇款时务必标注参加第几期研修班\*** | | | |

附件2

**区域社区教育定制培训需求意向表**

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| **单位名称** |  | | |
| **联系人** |  | **联系电话** |  |
| **培训主题** |  | | |
| **培训方式** | 面授 线上线下混合 | | |
| **期望培训地点** |  | | |
| **培训需求说明：** | | | |

附件3

**全国社区教育工作者基础能力全员培训班**

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| **单位名称\*** |  | | | | | **经办人\*** |  | | **联系电话\*** |  |
| **通讯地址** |  | | | | | | | | **邮政编码** |  |
| **姓名\*** | **性别\*** | **所在单位\*** | **职务/职称\*** | | **手机号码\*** | **邮箱\*** | | **发票抬头\*** | **纳税人识别号\*** | |
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| **收费信息** | 账户名称：中国成人教育协会 | | | 开户银行：中国工商银行北京德外支行  行 号：1021 0000 0136 | | | | 银行账号：0200 0013 0902 0242 467 | | |