附件1：体育场馆安全保险管理工作研讨会报名表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称（盖章）： | | | | | |
| 姓 名 | 性别 | 职务 | 电话 | 是否安排食宿 | 备注 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |