“党员线上学习教育”培训回执

支部/机构名称：

填表人：                  联系电话

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 联系电话 | 是否是专利代理师 | 如是 | |
| 资格证号 | 执业备案号 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |