**商事犯罪实务研修班**

**报名回执表**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **出生年月** | |  | | **执业年限** |  |
| **最高学历** |  | **性 别** | |  | | **专业领域** |  |
| **单位名称** |  | | | | | **职　 务** |  |
| **通讯地址** |  | | | | | **座 机** |  |
| **手 机** |  | | **电子邮件** | |  | | |
| **备注：**  1．报名时间：即日起至开课前一日。  2．请详细填写报名表有关信息，发送至邮箱: [lawyerstudy@126.com](mailto:lawyerstudy@126.com)  3．报名联系方式  联系电话：010—62515711  4．多人报名请复制此表。 | | | | | | | |