附件：

**浙江省饭店总经理认证高级研修班报名表**

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| --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** |  | **年 龄** |  | **照 片** |
| **籍 贯** |  | **学 历** |  | **专 业** |  |
| **工作单位** |  | | | **职 务** |  |
| **通讯地址** |  | | | **邮 编** |  |
| **电 话** |  | **手 机** |  | | **微信号** |  |
| **电子信箱** |  | | | | | |
| **工**  **作**  **经**  **历** | **时 间** | | **单 位** | | | **职 务** |
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|  | |  | | |  |
| **教**  **育**  **经**  **历** | **时 间** | | **学 校** | | | **学 历** |
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| **其他** | **如个人的特长和爱好，感兴趣的课题或培训需求：** | | | | | |
| **个人签名：** | | | **单位意见：** | | | |