**附件1：**

**首都医科大学注册营养师高级研修班报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | |  | | | | 出生年月 | | | | |  | | | | | 像片（一寸）  可扫描照片 | | | | |
| 学历 |  | | | 学位 | | |  | | | | 政治面貌 | | | | |  | | | | |
| 毕业院校 | |  | | | | | | | | | 毕业时间 | | | | |  | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | 职务 | | |  | | | | |
| 联系电话 | |  | | | | | | | | | | | | | | | | 邮编 | | |  | | | | |
| E-mail邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | |  |  | |  |  | |  |  |  | |  |  |  |  | |  | |  |  | |  |  |  |  |
| 学习及工作  简历 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 单位  意见 | | 签章： | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | |

(此表复印有效)

填表日期： 年 月 日