附件2

**\_\_\_\_\_\_\_\_\_\_市律师协会报名回执（含会长）**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **所在单位** | **职务** | **性别** | **民族** | **联系电话** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |