参加活动人员报名表

律师事务所名称： 联系人：

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| 带队人员  姓名及职务 | |  | | 手机 |  | |
| **参加宣誓人员名单** | | | | | | |
| 姓 名 | 性别 | 手机 | 执业证号 | | | 政治  面貌 |
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| **参加咨询活动安排** | | | | | | |
| □自愿参加咨询活动，安排 名律师参加，摆 块展板  □不参加咨询活动 | | | | | | |