附件

重大决策听证会报名表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 | |  | | 民族 | |  |
| 文化程度 | |  | | 职业 | |  | | 年龄 | |  |
| 身份证号码 | |  | | | | | | | | |
| 工作单位 | |  | | | | | 职务 | |  | |
| 通信地址 | |  | | | | | 邮编 | |  | |
| 联系电话 | | 手机 |  | | | | 座机 | |  | |
| 人大代表或政协委员(是/否) | | |  | | 所属机关 | |  | | | |
| 报名参会主要理由 |  | | | | | | | | | |
| 听证机关意见 | 签字(盖章)：  年 月 日 | | | | | | | | | |
| 备注 |  | | | | | | | | | |