**第二届山东省劳动关系协调员职业技能竞赛决赛选手（学生组）报名表**

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| 单位名称（盖章） | | |  | | | | | | 决赛名额 | |  | |
| 领队教师姓名 | |  | | | 电话 |  | | 微信 |  | | 邮箱 |  |
| 序号 | 姓名 | 年龄 | | 专业 | | | 手机 | | | 指导教师姓名 | | 备注 |
| 1 |  |  | |  | | |  | | |  | |  |
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| 备注 | 1. 9月20日前，参赛院校将此表word版及盖章后的PDF版报送竞赛办公室。  2.每个院校限1-2名指导教师，指导教师须为本校教师。 | | | | | | | | | | | |