**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 |  | | | | | | | | | | | | | | | | | | | | | | | | |